Cigna Healthcare Standard 3-Tier Prescription Drug List

Coverage as of January 1, 2024

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

What's inside?

View the drug list online

This document was last updated on 08/01/2023.* You can go online to see the most up-to-date list of medications your plan covers.

myCigna® App[1] or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.

Cigna.com/druglist. Select **Standard 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

- **myCigna.com**: Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **By phone:** Call the toll-free number on your Cigna Healthcare℠ ID card. We're here 24/7/365.

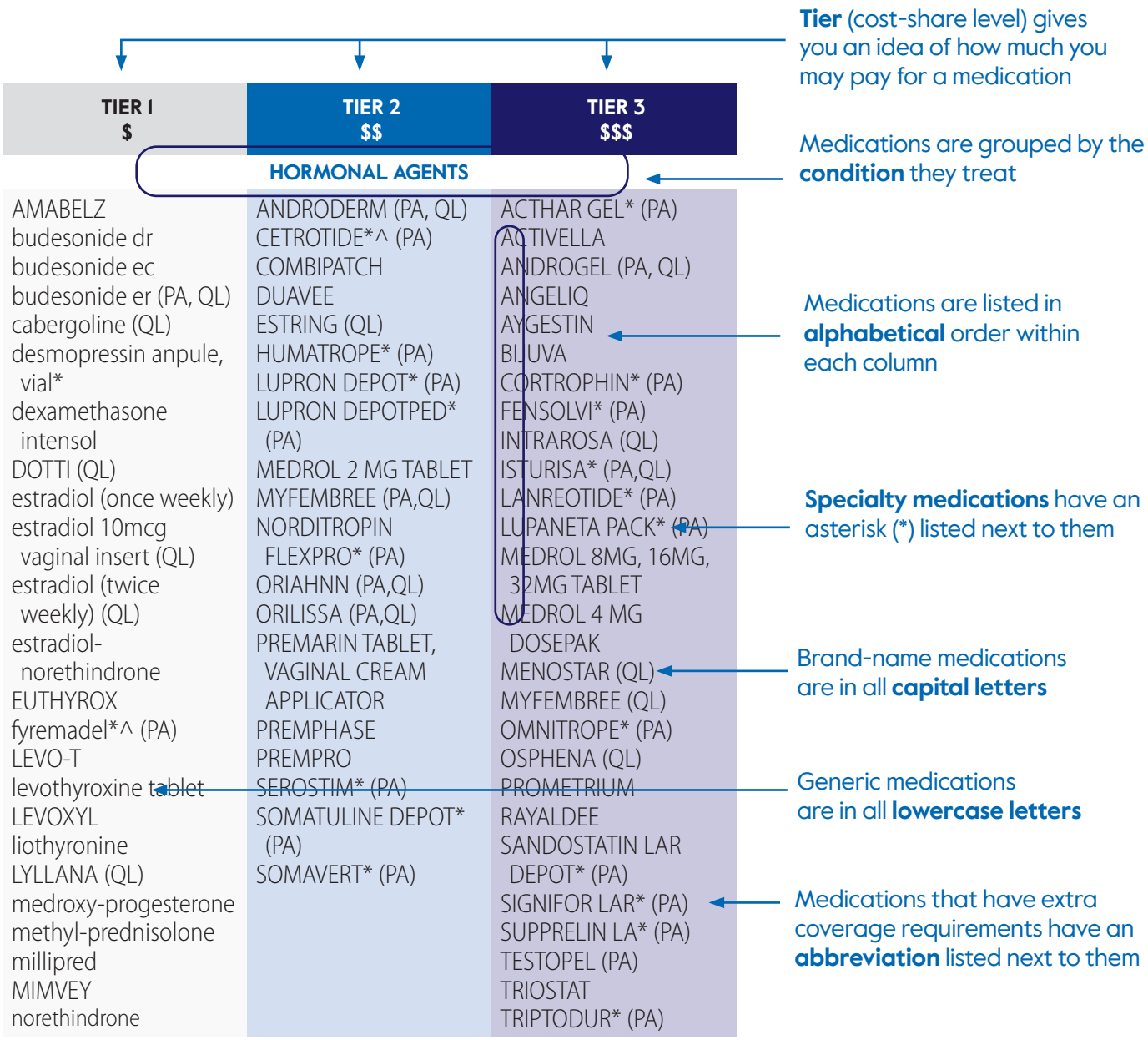
About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Standard 3-Tier Prescription Drug List as of January 1, 2024. 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 full list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

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 Healthcare Standard 3-Tier Prescription Drug List.



This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare Standard 3-Tier Prescription Drug List.

Tiers

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

• **Tier 1 – Typically Generics**	(Lowest-cost medication)	**$**
• **Tier 2 – Typically Preferred Brands**	(Medium-cost medication)	**$$**
• **Tier 3 – Typically Non-Preferred Brands**	(Highest-cost medication)	**$$$**

Abbreviations next to medications

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

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

* **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 Healthcare 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. They're typically injected or infused and may need special handling (like refrigeration). 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, specialty medications 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. Log in to the **myCigna** App or **myCigna.com** to see if your plan covers 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.

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
AIDS/HIV		
efavirenz-emtricitabine-tenofovir* (QL) emtricitabine-tenofovir 200-300 mg*+ etravirine* ritonavir* tenofovir* (PA)	BIKTARVY* (QL) DESCOVY 200-25 MG TABLET*+ (PA) DOVATO* (QL) GENVOYA* (QL) ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL) PREZISTA* SYMTUZA* (QL) TIVICAY PD* TIVICAY* TRIUMEQ* (QL) TRIUMEQ PD* (QL)	APRETUDE*+ (PA) CABENUVA*^ (PA) CIMDUO* (PA) COMPLERA* (PA, QL) DELSTRIGO* (PA,QL) ODEFSEY* (PA, QL) PIFELTRO* (PA) PREZCOBIX* (PA) RUKOBIA* (PA,QL) STRIBILD* (PA, QL)
ALLERGY/NASAL SPRAYS		
azelastine azelastine-fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine dihydrochloride mometasone (QL) olopatadine phenylephrine hcl promethazine solution, syrup, tablet		CLARINEX GASTROCROM GRASTEK (PA, QL) ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE PHENERGAN RAGWITEK (PA, QL) VISTARIL
ALZHEIMER'S DISEASE		
donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine venlafaxine er (QL) venlafaxine (QL)	NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON NAMENDA 5 MG TABLET NAMENDA 10 MG TABLET NAMENDA XR (QL) NAMZARIC (QL)

TIER I $	TIER 2 $$	TIER 3 $$$
ANXIETY/DEPRESSION/BIPOLAR DISORDER[2]		
alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone 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 (QL) trazodone		DESVENLAFAXINE ER (QL, ST) EMSAM (QL) FETZIMA (QL, ST) NUPLAZID* (PA) SPRAVATO* (PA) TRINTELLIX (QL, ST) XANAX XANAX XR
ASTHMA/COPD/RESPIRATORY		
albuterol alyq* (PA) ambrisentan* (PA) budesonide (QL) fluticasone-salmeterol (QL) fluticasone-salmeterol (QL) ipratropium-albuterol montelukast tadalafil 20mg tablet* (PA) wixela inhub (QL)	ADEMPAS* (PA) ADVAIR HFA (QL) ALVESCO ANORO ELLIPTA (QL) ASMANEX (QL) ASMANEX HFA (QL) ATROVENT HFA (QL) BREO ELLIPTA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) FASENRA PEN* (PA) INCRUSE ELLIPTA NUCALA* (PA) OFEV* (PA)	ADCIRCA* (PA) AIRDUO DIGIHALER (QL, ST) BRONCHITOL* (PA) BUDESONIDE-FORMOTEROL (QL) DALIRESP (QL) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA, QL) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PULMICORT RESPULES (QL) SINGULAIR TRIKAFTA* (PA, QL)

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
ASTHMA/COPD/RESPIRATORY *(cont.)*		
	OPSUMIT* (PA) PULMOZYME* (PA) QVAR REDIHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TEZSPIRE* (PA, QL) TRACLEER* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA) XOLAIR* (PA)	TYVASO REFILL KIT* (PA)
ATTENTION DEFICIT HYPERACTIVITY DISORDER[2]		
amphetamine (PA) atomoxetine (QL) dexmethylph-enidate (PA, QL) dexmethylph-enidate er (PA, QL) guanfacine er methylphenidate er 10-60 mg cap (PA,QL) methylphenidate cd (PA, QL) methylphenidate er (PA,QL) methylphenidate er (cd) (PA, QL) methylphenidate er (la) (PA, QL) methylphenidate la (PA, QL)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA, ST) ADZENYS XR-ODT (PA, QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA, ST) METHYLIN (PA) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA, ST)
BLOOD MODIFIERS/BLEEDING DISORDERS		
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* amiodarone tablet tranexamic acid 650 mg*	ADYNOVATE*^ (PA) AFSTYLA*^ (PA) ARANESP*^ (PA) DROXIA ELOCTATE*^ (PA) EMPAVELI* (PA) EPOGEN*^ (PA) ESPEROCT*^ (PA) JIVI*^ (PA) KOGENATE FS*^ (PA)	ADVATE*^ (PA) AVALIDE (ST) DOPTELET* (PA) FULPHILA* (PA) GRANIX*^ (PA) HEMLIBRA* (PA) MIRCERA*^ (PA) NEUPOGEN*^ (PA) NUWIQ*^ (PA) PROMACTA* (PA)

TIER I $	TIER 2 $$	TIER 3 $$$
BLOOD MODIFIERS/BLEEDING DISORDERS *(cont.)*		
	KOVALTRY*^ (PA) NEULASTA* (PA) NIVESTYM*^ (PA) NOVOEIGHT*^ (PA) NYVEPRIA* (PA) PROCRIT*^ (PA) RETACRIT*^ (PA) UDENYCA* (PA) ZARXIO*^	RECOMBINATE*^ (PA) SIKLOS (PA) TAVALISSE* (PA) XYNTHA SOLOFUSE*^ (PA) XYNTHA*^ (PA) ZIEXTENZO* (PA)
BLOOD PRESSURE/HEART MEDICATIONS		
amiodarone hcl amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR dofetilide (QL) droxidopa* enalapril flecainide guanfacine hydralazine tablet icatibant* (PA) irbesartan irbesartan-hctz labetalol tablet lisinopril lisinopril-hctz losartan	CORLANOR (PA) ENTRESTO (QL) NORLIQVA (PA,QL) TEKTURNA HCT (QL) VERQUVO (PA,QL)	ALTACE (ST) AVAPRO (ST) AVALIDE (ST) BIDIL (QL) CALAN SR CARDIZEM LA (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE HCT HAEGARDA* (PA) HYZAAR (ST) LOTENSIN (ST) MICARDIS (QL, ST) MICARDIS HCT (QL, ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PACERONE 100 mg, 400 mg tablet (PA) PROCARDIA XL RELEUKO*^ (PA) RUCONEST*^ (PA) TAKHZYRO* PA TEKTURNA (QL) TIAZAC TIKOSYN (PA, QL) VALSARTAN 4 MG/ML SOLUTION (ST) VERELAN VERELAN PM

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*		
metoprolol metyrosine (PA) nadolol nebivolol nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) pacerone 200 mg tablet prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) sajazir* (PA) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan 40mg valsartan 80mg valsartan 160mg valsartan 320mg valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		ZESTORETIC (ST) ZESTRIL (ST)
BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel enoxaparin* (QL) fondaparinux sodium* (QL) jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) FRAGMIN* (QL) XARELTO (PA)	ARIXTRA* (QL) LOVENOX* (QL) PLAVIX SAVAYSA (PA, QL) ZONTIVITY
CANCER		
abiraterone* (PA) anastrozole+ capecitabine* (PA) everolimus* (PA, QL) exemestane+	ALECENSA* (PA, QL) BRUKINSA* (PA, QL) CABOMETYX* (PA) CALQUENCE* (PA) ERIVEDGE* (PA)	ALUNBRIG* (PA, QL) ARIMIDEX AROMASIN AYVAKIT* (PA,QL) BOSULIF* (PA, QL) BRAFTOVI* (PA)

TIER I $	TIER 2 $$	TIER 3 $$$
CANCER *(cont.)*		
hydroxyurea imatinib* (QL) lenalidomide* (PA,QL) letrozole mercaptopurine methotrexate tamoxifen+ temozolomide* (PA)	ERLEADA* (PA) GLEOSTINE IMBRUVICA* (PA, QL) LYNPARZA* (PA, QL) NUBEQA* (PA) REVLIMID* (PA, QL) RUBRACA* (PA, QL) SPRYCEL* (PA, QL) TREXALL VENCLEXTA* (PA) VENCLEXTA STARTING PACK* (PA) VERZENIO* (PA, QL) XTANDI* (PA) ZEJULA* (PA, QL)	COMETRIQ* (PA QL) COTELLIC* (PA) EXKIVITY* (PA) GAVRETO* (PA,QL) IBRANCE* (PA, QL) ICLUSIG* (PA, QL) INLYTA* (PA) JAKAFI* (PA, QL) KISQALI* (PA, QL) KISQALI FEMARA CO-PACK* (PA, QL) LENVIMA* (PA) LONSURF* (PA) LORBRENA* (PA,QL) LUMAKRAS* (PA,QL) MEKINIST* (PA, QL) MEKTOVI* (PA, QL) NERLYNX* (PA) NINLARO* (PA, QL) ODOMZO* (PA) ORGOVYX* (PA) PHESGO*^ (PA) PIQRAY* (PA) POMALYST* (PA, QL) PURIXAN* ROZLYTREK* (PA) RETEVMO* (PA,QL) STIVARGA* (PA, QL) TAFINLAR* (PA, QL) TAGRISSO* (PA) TALZENNA* (PA, QL) TASIGNA* (PA, QL) TIBSOVO* (PA) TUKYSA* (PA) VENCLEXTA* (PA) VENCLEXTA STARTING PACK* (PA) VITRAKVI* (PA) VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI* (PA, QL) XATMEP XELODA* (PA) XOSPATA* (PA) XTANDI* (PA) ZELBORAF* (PA

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
CHOLESTEROL MEDICATIONS		
atorvastatin 10 mg, 20 mg+	NEXLETOL (PA, QL)	CADUET (QL)
colesevelam	NEXLIZET (PA, QL)	LIPOFEN (ST)
ezetimibe	REPATHA (PA)	ROSZET (PA)
ezetimibe-simvastatin	VASCEPA (PA)	TRICOR (ST)
fenofibrate		TRILIPIX (ST)
fenofibric acid		VYTORIN (ST)
fluvastatin+		WELCHOL
fluvastatin er+		ZETIA
icosapent ethyl		
lovastatin 20mg, 40mg tablet+		
pravastatin+		
rosuvastatin 5mg, 10mg tablet+ (QL)		
simvastatin tablet+ (QL)		
CONTRACEPTION PRODUCTS		
AFIRMELLE+	LO LOESTRIN FE	ANNOVERA
ALTAVERA+	NEXPLANON*+	BALCOLTRA
ALYACEN+		BEYAZ
AMETHIA+		ELLA+
AMETHYST+		KYLEENA*+
APRI+		LAYOLIS FE+
ARANELLE+		LILETTA*+
ASHLYNA+		LOESTRIN FE
AUBRA EQ+		MINASTRIN 24 FE
AUBRA+		MIRENA*+
AUROVELA 24 FE+		NATAZIA
AUROVELA FE+		NEXTSTELLIS
AUROVELA+		NUVARING
AVIANE+		PARAGARD T 380-A*+
AYUNA+		SAFYRAL
AZURETTE+		SKYLA*+
BALZIVA+		SLYND
BLISOVI 24 FE+		TAYTULLA
BLISOVI FE+		TWIRLA+
BRIELLYN+		TYBLUME
CAMILA+		YASMIN 28
CAMRESE LO+		YAZ
CAMRESE+		
CAYA CONTOURED+		
CAZIANT+		
CHARLOTTE 24 FE+		
CHATEAL EQ+		
CHATEAL+		
CRYSELLE+		

TIER I $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont.)*		
CYRED EQ+		
CYRED+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol-ethinyl estradiol+		
DOLISHALE+		
drospirenone-ethinyl estradiol-levomefolate+		
drospirenone-ethinyl estradiol+		
ELINEST+		
ELURYNG+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FEMYNOR+		
GEMMILY+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL FE 24+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont.)*		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel-ethinyl estradiol+		
LEVORA-28+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MEDROXY-PROGESTERONE+		
MERZEE+		
MICROGETIN 24 FE+		
MICROGESTIN FE+		
MICROGESTIN+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone-ethinyl estradiol-iron+		
norethindrone-ethinyl estradiol+		
norethindrone-ethinyl estradiol-ferrous fumarate		
norgestimate-ethinyl estradiol+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		

TIER I $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont.)*		
PORTIA+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA 24 FE+		
TARINA FE 1-20 EQ+		
TARINA FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-ESTARYLLA+		
TRI-LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRI-NYMYO+		
TRI-SPRINTEC+		
TRIVORA-28+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
wide seal diaphragm+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZUMANDIMINE+		

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
COUGH/COLD MEDICATIONS		
brompheniramine-pseudoephedrine-dm hydrocodone-chlorpheniramner er (PA) promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL)
DENTAL PRODUCTS		
chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetonide	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF JUST RIGHT 5000 PERIDEX PREVIDENT 1.1% GEL PREVIDENT 5000 PREVIDENT 5000 BOOSTER PLUS PREVIDENT 5000 DRY MOUTH PREVIDENT 5000 ENAMEL PROTECT PREVIDENT 5000 ORTHO DEFENSE PREVIDENT 5000 PLUS PREVIDENT 5000 SENSITIVE
DIABETES		
ACCU-CHEK ACCUTREND GLUCOSE CONTROL ASSURE ID INSULIN SAFETY BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CARETOUCH INSULIN SYRINGE CEQUR SIMPLICITY INSERTER COMFORT EZ INSULIN SYRINGE CONTOUR SOLUTION	BAQSIMI (QL) BYDUREON (PA, QL) BYETTA (PA, QL) DEXCOM G6 RECEIVER (PA, QL) DEXCOM G6 SENSOR (PA, QL) DEXCOM G6 TRANSMITTER (PA, QL) DROPLET DROPSAFE FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLUCAGEN (QL)	CEQUR CYCLOSET GLUCAGON EMERGENCY KIT (QL) GVOKE (QL) KORLYM* (PA) KETONE-GLUC KIT RIOMET RIOMET ER ULTIGUARD SAFE 0.3, 1ML 30G 12.7MM ULTIGUARD SAFEPACK 0.3, 1ML 31G 8MM

TIER I $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont.)*		
CONTOUR NEXT LEV 1, 2 CONTROL SOLUTION DROPLET GENTEEL LANCING DEVICE DROPLET INSULIN SYRINGE EASY COMFORT INSULIN SYRINGE EASY GLIDE INSULIN SYRINGE EASY TOUCH glimepiride glipizide glipizide er glipizide xl GUARDIAN RT CHARGER GUARDIAN TEST PLUG HEALTHWISE INSULIN SYRINGE INPEN INSULIN SYRINGE U-500 LITETOUCH INSULIN SYRINGE MAGELLAN INSULIN SYRINGE, SAFETY SYRINGE MAXICOMFORT II INSULIN SYRINGE metformin er metformin hcl microlet MINIMED RESERVOIR MONOJECT PARADIGM PRO COMFORT INSULIN SYRINGE PRODIGY INSULIN SYRINGE SAFETYGLIDE SYRINGE, INSULIN SYRINGE TOPCARE ULTRA COMFORT TRUE COMFORT INSULIN SYRINGE	GLYXAMBI (QL, ST) HUMALOG 100 UNIT/ML CARTRIDGE (QL) HUMULIN (QL) HUMULIN R (QL) INSULIN GLARGINE-YFGN (QL) INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LYUMJEV (QL) MOUNJARO (PA,QL) OMNIPOD 5 G6 (GEN 5) (QL) OMNIPOD CLASSIC (GEN 3) (QL) OMNIPOD DASH (GEN 4) (QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) QTERN (QL, ST) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA,QL) V-GO 20 V-GO 30 V-GO 40 XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)	

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont.)*		
TRUE COMFORT PRO INS SYRINGE TRUE METRIX LEVEL 1, 2, 3 CONTROL SOLUTION TRUEPLUS SYRINGE TRUETRACK BLOOD GLUCOSE SYSTEM ULTIGUARD SAFE 0.5ML 30G 12.7MM ULTIGUARD SAFEPK 0.5ML 31G 8MM ULTILET PEN NEEDLE ULTRACARE INSULIN SYRINGE ULTRA COMFORT ULTRA FLO INSULIN SYRINGE VANISHPOINT VANISHPOINT INSULIN SYRINGE VEO INSULIN SYRINGE		
DIURETICS		
ACETAZOLAMIDE TABLET ACETAZOLAMIDE ER CAPSULE BUMETANIDE TABLET chlorthalidone eplerenone furosemide solution, tablet hydrochloro-thiazide spironolactone triamterene-hctz	CAROSPIR DIURIL KERENDIA (PA, QL)	JYNARQUE* (PA) MAXZIDE
EAR MEDICATIONS		
ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CIPRODEX CIPROFLOXACIN HCL-FLUOCINOLONE CORTISPORIN-TC DERMOTIC OTOVEL

TIER I $	TIER 2 $$	TIER 3 $$$
ERECTILE DYSFUNCTION		
sildenafil^ (QL) tadalafil^ (QL) vardenafil^ (QL)	MUSE^ (PA age, QL)	CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)
EYE CONDITIONS		
bepotastine bimatoprost (QL) brimonidine brimonidine tartrate-timolol brinzolamide ciprofloxacin cyclosporine difluprednate dorzolamide-timolol erythromycin fluorometholone ketorolac solution latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate-trimethoprim prednisolone timolol tobramycin tobramycin-dexamethasone travoprost	AZASITE BESIVANCE BETOPTIC S BROMSITE EYSUVIS (QL) FLAREX FML S.O.P. 0.1% OINTMENT INVELTYS LOTEMAX 0.5% EYE OINTMENT LOTEMAX SM SIMBRINZA TOBRADEX EYE OINTMENT TOBRADEX ST XIIDRA ZERVIATE	ACUVAIL ALREX CEQUA CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) ILEVRO NEVANAC OXERVATE* (PA) PROLENSA RHOPRESSA ROCKLATAN TRUSOPT ZIRGAN ZYLET
FEMININE PRODUCTS		
GYNAZOLE 1 miconazole 3 200 mg terconazole		
GASTROINTESTINAL/HEARTBURN		
ANUCORT-HC balsalazide cinacalcet* constulose dexlansoprazole dr (QL)	CLENPIQ+ ENTYVIO*^ (PA) LINZESS LITHOSTAT NEXIUM DR 2.5 MG PACKET (QL)	APRISO BONJESTA CANASA CARAFATE CHOLBAM* (PA) CUVPOSA

Cigna Healthcare Standard 3-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN *(cont.)*

TIER 1 $	TIER 2 $$	TIER 3 $$$
dicyclomine capsule, solution, tablet	NEXIUM DR 5 MG PACKET (QL)	CYTOTEC
dronabinol	PANCREAZE	DICLEGIS
esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	SUTAB+	GATTEX* (PA)
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	TRULANCE	LEVBID ER
GAVILYTE-C+	VIBERZI	LEVSIN 0.125 MG TABLET
GAVILYTE-G+		LEVSIN-SL
HEMMOREX-HC		MOTOFEN
hydrocortisone		MOVANTIK (PA)
lansoprazole (QL)		NULEV
lubiprostone		OCALIVA* (PA)
mesalaminex		PREVACID DR 30 MG CAPSULE (QL, ST)
mesalamine dr		PROTONIX (ST, QL)
mesalamine er		RAVICTI* (PA)
metoclopramide solution, tablet		RECTIV
misoprostol		RELISTOR (PA)
omeprazole (QL)		SANCUSO (PA, QL)
ondansetron		SFROWASA
ondansetron odt		SUCRAID* (PA)
pantoprazole suspension, tablet (QL)		SYMPROIC (PA)
peg 3350-electrolyte+		TRANSDERM-SCOP
PEG3350-SODIUM SULFATE-SODIUM CHLORIDE-POTASSIUM CHLORIDE-SODIUM ASCORBATE-ASCORBIC ACID+		URSO
PEG-PREP+		URSO FORTE
prochlorperazine tablet		VARUBI (PA, QL)
promethazine		VIOKACE
promethegan		XERMELO* (PA)
rabeprazole tablet (QL)		
scopolamine		
sucralfate		

HORMONAL AGENTS

TIER 1 $	TIER 2 $$	TIER 3 $$$
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide dr	CETROTIDE*^ (PA)	ANDROGEL (PA, QL)
budesonide ec	COMBIPATCH	ANGELIQ
budesonide er (PA, QL)	DUAVEE	AYGESTIN
cabergoline (QL)	ESTRING (QL)	BIJUVA
desmopressin ampule, vial*	ESTROGEL	CRINONE 4% (PA)
dexamethasone intensol	FENSOLVI* (PA)	CYTOMEL
DOTTI (QL)	FORTEO* (PA, QL)	DEPO-TESTOSTERONE
estradiol 10mcg vaginal insert (QL)	GENOTROPIN* (PA)	EMFLAZA* (PA)
estradiol (twice weekly) (QL)	LUPRON DEPOT*^ (PA)	EVAMIST
estradiol-norethindrone	LUPRON DEPOT-PED*^ (PA)	INTRAROSA (QL)
EUTHYROX	MEDROL 2 MG TABLET	ISTURISA* (PA, QL)
fyremadel*^ (PA)	MYFEMBREE (QL)	LUPANETA PACK*^ (PA)
LEVO-T	OMNITROPE* (PA)	MEDROL 8MG, 16MG, 32MG TABLET
levothyroxine tablet	ORIAHNN (PA, QL)	MEDROL 4 MG DOSEPAK
LEVOXYL	ORILISSA (PA, QL)	MENOSTAR (QL)
liothyronine	OSPHENA (QL)	PROMETRIUM
LYLLANA (QL)	PREMARIN TABLET, VAGINAL CREAM APPLICATOR	RAYALDEE
medroxy-progesterone	PREMPHASE	SANDOSTATIN LAR DEPOT*^ (PA)
methyl-prednisolone	PREMPRO	SIGNIFOR LAR*^ (PA)
MILLIPRED	SEROSTIM* (PA)	teriparatide*
MIMVEY	SKYTROFA (PA, QL)	UNITHROID
norethindrone	SOMATULINE DEPOT*^ (PA)	
NP THYROID	SOMAVERT* (PA)	
prednisone		
prednisone intensol		
prednisolone solution		
prednisolone odt		
prednisolone sodium phosphate		
progesterone tablet		
testosterone cypionate		
YUVAFEM (QL)		

Cigna Healthcare Standard 3-Tier Prescription Drug List

INFECTIONS

TIER I $	TIER 2 $$	TIER 3 $$$
acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
albendazole	CIPRO 5, 10% SUSPENSION	ALINIA
amoxicillin	CLEOCIN 75 MG CAPSULE	ANCOBON
amoxicillin-clavulanate er	e.e.s. 400	ARIKAYCE* (PA)
amoxicillin-clavulanate	EPCLUSA* (PA, QL)	BACTRIM
atovaquone	ERY-TAB DR 333 MG TABLET	BACTRIM DS
atovaquone-proguanil	EURAX 10% CREAM	BAXDELA 450 MG TABLET (PA)
AVIDOXY	FIRVANQ	CAYSTON* (PA, QL)
azithromycin packet, suspension, tablet	HARVONI* (PA, QL)	CIPRO 250, 500 MG TABLET
cefadroxil	LAGEVRIO (EUA) (QL)	CLEOCIN 150 MG CAPSULE
cefdinir	PAXLOVID (QL)	CLEOCIN 300 MG CAPSULE
cefpodoxime	PEGASYS* (PA)	CLEOCIN PEDIATRIC
cefuroxime tablet	SOVALDI* (PA, QL)	CLEOCIN 100 MG VAGINAL OVULE
cephalexin	THALOMID* (PA)	CLEOCIN 2% VAGINAL CREAM
ciprofloxacin	TOBI PODHALER* (PA, QL)	DARAPRIM* (PA)
clarithromycin	VEMLIDY*	DIFICID (QL)
clarithromycin er	VIBRAMYCIN 50 MG/5 ML SYRUP	ELIMITE
clindamycin	VOSEVI* (PA, QL)	ERYPED 200
clindamycin (pediatric)	XIFAXAN (QL)	ERY-TAB DR 250 MG TABLET
COREMINO ER (QL)		ERY-TAB DR 500 MG TABLET
dapsone tablets		EURAX 10% LOTION
doxycycline monohydrate		FLAGYL
EMVERM		FOLLISTIM*^ (PA)
entecavir* (QL)		HIPREX
erythromycin		KITABIS PAK* (PA, QL)
erythromycin ethylsuccinate		LIVTENCITY* (PA,QL)
famciclovir		MACROBID
fluconazole		MACRODANTIN
flucytosine		MALARONE (PA)
fosfomycin		MONUROL
hydroxy-chloroquine		NATROBA
itraconazole		NUZYRA 150 MG TABLET* (PA,QL)
levofloxacin solution, tablet		PLAQUENIL (PA)
methenamine		posaconazole suspension
metronidazole gel, capsule, tablet		PREVYMIS TABLET*
minocycline		PRIFTIN
minocycline er tablet (QL)		SIVEXTRO 200 MG TABLET (PA)

INFECTIONS *(cont.)*

TIER I $	TIER 2 $$	TIER 3 $$$
mondoxyne nl		SKLICE
nitazoxanide		sulfatrim
nitrofurantoin		TAMIFLU (QL)
nitrofurantoin monohydrate-macrocrystal		URIBEL
nystatin suspension, tablet		VALTREX
oseltamivir (QL)		VFEND SUSPENSION, TABLET (PA)
penicillin v potassium		VIEKIRA PAK* (PA,QL)
permethrin 5% cream		XENLETA (PA, QL)
posconazole tablet		XOFLUZA (QL)
sulfamethoxazole-trimethoprim suspension, tablet		ZEPATIER* (PA, QL)
terbinafine		ZITHROMAX
tetracycline		ZITHROMAX TRI-PAK
tobramycin ampule* (PA, QL)		ZYVOX SUSPENSION, TABLET (PA)
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		
voriconazole suspension, tablet (PA)		

INFERTILITY

TIER I $	TIER 2 $$	TIER 3 $$$
clomiphene ^	ENDOMETRIN^	CHORIONIC GONADOTROPIN 10,000 UNIT VIAL*^ (PA)
	GONAL-F*^ (PA)	CRINONE 8%^ (PA)
	MENOPUR*^ (PA)	FOLLISTIM AQ*^ (PA)
	NOVAREL*	
	OVIDREL*^ (PA)	
	PREGNYL*^ (PA)	

MISCELLANEOUS

TIER I $	TIER 2 $$	TIER 3 $$$
ACCU-CHEK FASTCLIX LANCET DRUM	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI^ (PA, QL)
ACCU-CHEK MULTICLIX LANCETS	AEROCHAMBER MINI (QL)	AUSTEDO* (PA)
ACCU-CHEK SAFE-T-PRO 23G LANCETS	AEROCHAMBER MV (QL)	BERINERT*^ (PA)
	AEROCHAMBER PLUS FLOW-VU (QL)	BRISDELLE (QL)
		CINRYZE*^ (PA)
		EVRYSDI* (PA)
		GALAFOLD* (PA)
		HAEGARDA* (PA)
		HYPER-SAL

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
MISCELLANEOUS *(cont.)*		
ACCU-CHEK SOFTCLIX LANCETS	AEROCHAMBER Z-STAT PLUS (QL)	INGREZZA INITIATION PACK* (PA, QL)
cinacalcet*	AEROTRACH PLUS (QL)	INGREZZA* (PA)
deferiprone* (PA)	AEROVENT PLUS (QL)	MYALEPT* (PA)
disulfiram	BREATHRITE (QL)	NOVAMAX PLUS
DROPLET LANCETS	CERDELGA* (PA)	NUEDEXTA (QL)
FORA GTEL KETONE TEST STRIP	CLEVER CHOICE HOLDING CHAMBER (QL)	ORFADIN* (PA)
GOJJI BLOOD KETONE TEST STRIP	COMPACT SPACE CHAMBER (QL)	PALYNZIQ* (PA)
KETONE CARE TEST STRIP	EASIVENT (QL)	PRO COMFORT SPACER WITH MASK (QL)
KETONE TEST STRIP	EMPAVELI* (PA)	RADICAVA ORS* (PA,QL)
KETOSTIX REAGENT	FLEXICHAMBER (QL)	RUCONEST*^ (PA)
MICROLET	MICROCHAMBER (QL)	TEGSEDI* (PA)
ONETOUCH LANCETS	NITYR* (PA)	TIGLUTIK* (PA)
POGO AUTOMATIC TEST CARTRIDGE	OPTICHAMBER DIAMOND (QL)	VOXZOGO* (PA)
PRECISION XTRA	POCKET CHAMBER (QL)	VYLEESI*^ (PA, QL)
sapropterin* (PA)	PROCARE SPACER WITH CHILD MASK (QL)	VYNDAMAX* (PA, QL)
sodium chloride inhalation vial, irrigation solution vial	RITEFLO (QL)	VYNDAQEL* (PA, QL)
TECHLITE LANCETS	SPACE CHAMBER (QL)	
TRUEPLUS KETONE TEST STRIP	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	STRENSIQ* (PA)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	
MULTIPLE SCLEROSIS		
dalfampridine er* (PA)	AVONEX* (PA)	FIRDAPSE* (PA, QL)
dimethyl fumarate*	BAFIERTAM* (PA)	MAVENCLAD* (PA)
glatiramer acetate*	BETASERON* (PA)	PONVORY* (PA)
glatopa*	KESIMPTA PEN* (PA)	
	MAYZENT* (PA)	

TIER I $	TIER 2 $$	TIER 3 $$$
MULTIPLE SCLEROSIS *(cont.)*		
	PLEGRIDY PEN* (PA)	
	REBIF* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	
NUTRITIONAL/DIETARY		
betaine anhydrous*	CITRANATAL ASSURE	ACCRUFER^
cyanocobalamin injection	CITRANATAL B-CALM	AURYXIA (QL)
dodex	CITRANATAL DHA	CITRANATAL BLOOM^
fluoride+^	CITRANATAL HARMONY	DRISDOL^
folic acid 1mg tablet^	CITRANATAL RX	K-TAB ER
klor-con	FLORIVA CHEWABLE TABLET+	OB COMPLETE^
KLOR-CON 8 MEQ	LOKELMA	PHOSLYRA
KLOR-CON 10 MEQ	NEEVO DHA^	PRENATAL FORMULA-DHA+
KLOR-CON M10 TABLET	OB COMPLETE ONE	ROCALTROL^
lanthanum	OB COMPLETE PETITE	
MULTI-VITAMIN-W-FLUORIDE-IRON+	OB COMPLETE PREMIER	
potassium chloride 10%, capsule, packet, tablet	OB COMPLETE WITH DHA	
sevelamer	POLY-VI-FLOR WITH IRON+	
sodium fluoride+^	POLY-VI-FLOR+	
taron-prex prenatal^	PRENATE^	
vitamin d2 1.25 mg (50,000 unit)^	PRIMACARE	
VITAMINS A,C,D AND FLUORIDE+	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	
	QUFLORA PEDIATRIC 0.25 MG/ML DROP	
	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	
	TRI-VI-FLOR+	
	VELPHORO	
	VELTASSA	
OSTEOPOROSIS PRODUCTS		
alendronate	FORTEO* (PA,QL)	ACTONEL (ST)
ibandronate 150 mg table	TYMLOS* (PA, QL)	ATELVIA (ST)
alendronate		BINOSTO (ST)
		BONIVA (ST

Cigna Healthcare Standard 3-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE

TIER I $	TIER 2 $$	TIER 3 $$$
acetaminophen-codeine (PA)	ACTEMRA* (PA, QL)	ARAVA
allopurinol tablet	ADALIMUMAB-ADAZ (CF) (PA, QL)	ARCALYST* (PA)
baclofen tablet	AIMOVIG (PA)	BENLYSTA* (PA)
acetaminophen-codeine (PA)	AJOVY (PA)	BUTRANS (QL)
allopurinol tablet	ACTEMRA* (PA, QL)	ARAVA
baclofen tablet	AIMOVIG (PA)	ARCALYST* (PA)
buprenorphine patch (QL)	AJOVY (PA)	BENLYSTA* (PA)
butalbital-acetaminophen-caffeine (QL)	AVSOLA*^ (PA)	BUTRANS (QL)
carisoprodol	BELBUCA (QL)	CELEBREX (QL, ST)
celecoxib (QL)	CIMZIA* (PA, QL)	COSENTYX (2 SYRINGES)* (PA,QL)
colchicine 0.6 mg tablet	CYLTEZO (PA, QL)	COSENTYX SENSOREADY (2 PENS)* (PA,QL)
cyclobenzaprine	DUPIXENT* (PA)	COSENTYX SENSOREADY PEN* (PA,QL)
diclofenac 1% gel (QL)	EMGALITY (PA)	COSENTYX SYRINGE* (PA,QL)
diclofenac dr	ENBREL* (PA, QL)	DEPEN* (PA, QL)
diclofenac ec	FLECTOR (PA, QL)	EC-NAPROSYN (ST)
EC-NAPROXEN	HYRIMOZ (PA, QL)	FEXMID
ECOTRIN EC 81 MG TABLET+	HUMIRA* (PA,QL)	FLECTOR (PA, QL)
eletriptan (QL)	HYSINGLA ER (PA)	ILARIS*^ (PA)
ENDOCET (PA)	INFLECTRA*^ (PA)	ILUMYA* (PA, QL)
febuxostat (QL)	LICART (PA, QL)	INFLIXIMAB*^ (PA)
fentanyl patch (PA)	MITIGARE	KEVZARA* (PA, QL)
FIORICET (QL)	NUCYNTA (PA)	KINERET* (PA,QL)
frovatriptan (QL)	NURTEC ODT (PA, QL)	LICART (PA, QL)
GLYDO	OTEZLA* (PA, QL)	NAPROSYN (ST)
hydrocodone-acetaminophen (PA)	OTREXUP (PA)	NUCYNTA ER (PA)
hydromorphone (PA)	PROCTOFOAM-HC	OLUMIANT* (PA, QL)
hydromorphone er (PA)	QULIPTA (PA, QL)	ORENCIA 50 MG/0.4 ML SYRINGE* (PA,QL)
IBU	REDITREX (PA)	ORENCIA 87.5 MG/0.7 ML SYRINGE* (PA,QL)
ibuprofen	RINVOQ* (PA, QL)	ORENCIA 125 MG/ML SYRINGE* (PA,QL)
indomethacin	SAVELLA	OXAYDO (PA)
indomethacin er	SIMPONI 100 MG/ML* (PA, QL)	PERCOCET (PA)
ketorolac tromethamine (QL)	SIMPONI ARIA* (PA)	PROCORT
leflunomide	STELARA* 45MG SYR/VIAL, 90MG SYR (PA, QL)	REMICADE*^ (PA)
lidocaine (QL)	TALTZ* (PA, QL)	ROXYBOND (PA)
lidocaine-prilocaine	TREMFYA* (PA,QL)	SILIQ* (PA, QL)
	TRUDHESA (PA,QL)	
	UBRELVY (PA, QL)	
	XELJANZ* (PA, QL)	
	XELJANZ XR* (PA, QL)	
	XTAMPZA ER (PA)	
	ZTLIDO	

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*

TIER I $	TIER 2 $$	TIER 3 $$$
metaxalone		SIMPONI* 50MG/0.5ML (PA, QL)
methocarbamol		ZANAFLEX
MORPHINE (PA)		ZEBUTAL (QL)
MORPHINE ER (PA)		ZOHYDRO ER (PA)
nabumetone		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (PA, QL)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan succ-naproxen sod (QL)		
SUPARTZ FX* (PA)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
TRIVISC* (PA)		
VANADOM		

PARKINSON'S DISEASE

TIER I $	TIER 2 $$	TIER 3 $$$
benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		DUOPA*
carbidopa-levodopa er		INBRIJA* (PA)
pramipexole		MIRAPEX ER (QL)
pramipexole er (QL)		NEUPRO
rasagiline (QL)		NOURIANZ* (PA, QL)
ropinirole er		OSMOLEX ER (QL)
ropinirole		RYTARY
		SINEMET 10-100
		SINEMET 25-100
		XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2]

TIER I $	TIER 2 $$	TIER 3 $$$
aripiprazole (QL)	LATUDA (QL)	CAPLYTA (QL,ST)
aripiprazole odt	REXULTI (QL, ST)	CLOZARIL (ST)
asenapine		FANAPT (QL, ST)
chlorpromazine tablet		INVEGA (QL, ST)
clozapine		RISPERDAL (ST)
clozapine odt		SAPHRIS (ST)
olanzapine tablet		SECUADO (ST)
olanzapine odt		SEROQUEL (ST)
		SEROQUEL XR (ST)

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
SCHIZOPHRENIA/ANTI-PSYCHOTICS[2] *(cont.)*		
paliperidone er (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet		VRAYLAR (QL, ST)
SEIZURE DISORDERS		
carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lacosamide lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er pregabalin capsule, solution ROWEEPRA rufinamide (PA, QL) SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er vigabatrin* vigadrone*	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA,QL) NAYZILAM (PA, QL)	APTIOM (PA,QL) BANZEL (PA, QL) BRIVIACT 10 MG/ML ORAL SOLUTION (PA) BRIVIACT TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) DILANTIN 100 MG CAPSULE (PA) EPIDIOLEX* (PA) FINTEPLA* (PA) KLONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) XCOPRI (PA, QL)
SKIN CONDITIONS		
ACCUTANE adapalene (PA age) adapalene-benzoyl peroxide	ADBRY* (PA) CIBINQO* (PA, QL) DRYSOL EUCRISA (ST)	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS

TIER I $	TIER 2 $$	TIER 3 $$$
SKIN CONDITIONS *(cont.)*		
AMNESTEEM AVAR CLEANSER azelaic acid betamethasone diprop augmented betamethasone dipropionate BP 10-1 calcipotriene cream, ointment, solution CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS CLINDAMYCIN 1% FOAM, GEL, LOTION, PLEDGET, SOLUTION clindamycin-benzoyl peroxoxide clindamycin tretinoin clobetasol CLOCORTOLONE PIVALATE CLODAN clotrimazole-betamethasone dapsone 5% gel, 7.5% gel pump DROPSAFE PREP PADS fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole mupirocin ointment MYORISAN NEUAC GEL pimecrolimus ROSADAN sodium sulfacetamide-sulfur	NAFTIN PICATO SANTYL (QL)	BRYHALI (ST) CALCIPOTRIENE FOAM CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DOVONEX EFUDEX EVOCLIN OPZELURA (PA) PRAMOSONE LOTION REGRANEX (PA, QL) TEMOVATE (ST) TWYNEO VALCHLOR* VECTICAL (QL) XEPI

Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER I $	TIER 2 $$	TIER 3 $$$
SKIN CONDITIONS *(cont.)*		
SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream tretinoin (PA age) TRIDERM ZENATANE		
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA) doxepin tablet (QL) eszopiclone modafinil (PA) temazepam zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	HETLIOZ* (PA) HETLIOZ LQ* (PA) WAKIX* (PA, QL) XYREM* (PA, QL) XYWAV* (PA, QL)
SMOKING CESSATION[2]		
bupropion sr+^ varenicline 0.5 mg tablet+^ varenicline 1 mg tablet+^	NICOTROL NS+^ NICOTROL+^	APO-VARENICLINE 0.5 MG TABLET^
SUBSTANCE ABUSE		
buprenorphine-naloxone naltrexone hcl (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)
TRANSPLANT MEDICATIONS		
everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARSUS XR* IMURAN* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET* PROGRAF 0.5 MG CAPSULE* PROGRAF 1 MG CAPSULE* PROGRAF 1 MG GRANULE PACKET* PROGRAF 5 MG CAPSULE* RAPAMUNE* REZUROCK* (PA) ZORTRESS*

TIER I $	TIER 2 $$	TIER 3 $$$
URINARY TRACT CONDITIONS		
alfuzosin er cevimeline finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL) trospium trospium er	CYSTAGON* ELMIRON K-PHOS ORIGINAL	FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
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+ ADACEL TDAP+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA-TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC-ADOLESCENT+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID (6M-5Y) VACCINE (EUA)+ MODERNA COVID (12Y UP) VACCINE (EUA)+	

Cigna Healthcare Standard 3-Tier Prescription Drug List

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.	
	MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID-19 VACCINE, ADJUVANTED (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M-4Y) VACCINE (EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	

TIER 1 $	TIER 2 $$	TIER 3 $$$
	VITAMINS	
	POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+	
	WEIGHT MANAGEMENT	
megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) IMCIVREE*^ (PA,QL) QSYMIA^ (PA) SAXENDA^ (PA)

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. To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare 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:

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

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

Q. Why doesn't my plan cover certain medications?
A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives. That's because these lower-cost options work the same as, or similar to, the non-covered medication. If you're taking a medication that isn't covered and your doctor feels a different medication isn't right for you, he or she can ask Cigna Healthcare to consider approving your medication through their coverage review process.

There are also certain medications and products that cannot covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through their coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?
A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. 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 Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Why do certain medications need approval before my plan will cover them?
A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?
A. Log in to the **myCigna** App or **myCigna.com**, or 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.

Frequently Asked Questions (FAQs) *(cont.)*

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
- Misused or abused

Q. What types of medications require Step Therapy?
A. High-cost medications that are used to treat many conditions, such as:

- 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. The FDA considers certain medication to only be clinically appropriate for people of a certain age or 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 Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna Healthcare's provider portal at **cignaforhcp.com**.

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna** App or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining 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 pre-approval from Cigna Healthcare. 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 Healthcare to start the coverage review process. Or, you can choose to pay the medication's 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 Healthcare to request approval for the larger amount.

Frequently Asked Questions (FAQs) *(cont.)*

Q. Are all of the medications on this drug list approved by the FDA?
A. Yes.

Q. Does my plan cover medications that the FDA recently approved?
A. We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through their coverage review process.

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. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**. For more information about health care reform, go to **www.informedonreform.com** or **CignaHealthcare.com**.

Q. What are preventive medications?
A. Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

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. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.[3]

Q. What's a cost-share?
A. It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

Q. How can I save money on my prescription medications?
A. Consider taking a medication that's covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to see if one of these options may work for you.

Q. What's a generic medication?
A. A generic medication is the same as the brand-name medication in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.[4] Brand-name medications are protected by patents. Patents prevent other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

Q. Do generics work the same as brand-name medications?
A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.[4]

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

Frequently Asked Questions (FAQs) *(cont.)*

labeling and may expire at different times. Generics may look different than the brand, but they're just as safe and effective.

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

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[5]

Express Scripts® Pharmacy for maintenance medications

Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost[6]
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time[7]
- Helpful pharmacists available 24/7
- Flexible payment options

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)[7] electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).[8] They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost[6]
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to **Cigna.com/specialty**.

Q. Where can I find more information about my pharmacy benefits?
A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and more. You can also manage your home delivery prescription orders.

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:[9]

- 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 Healthcare;
- 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,[10] sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,[10] 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 Healthcare as medically necessary.

Cigna Healthcare 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 Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare 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 Healthcare. 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.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain 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, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, 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 ID card.
3. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers.
5. Not all plans offer Express Scripts® Pharmacy 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. *Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
6. Standard shipping costs are included as part of your prescription plan.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. 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.
10. **For plans that must follow state insurance laws, such as Delaware:** Your plan 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.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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 Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Express Scripts, Inc., or their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna Healthcare of Arizona, Inc., Cigna Healthcare of California, Inc., Cigna Healthcare of Colorado, Inc., Cigna Healthcare of Connecticut, Inc., Cigna Healthcare of Florida, Inc., Cigna Healthcare of Georgia, Inc., Cigna Healthcare of Illinois, Inc., Cigna Healthcare of Indiana, Inc., Cigna Healthcare of St. Louis, Inc., Cigna Healthcare of North Carolina, Inc., Cigna Healthcare of New Jersey, Inc., Cigna Healthcare of South Carolina, Inc., Cigna Healthcare of Tennessee, Inc. (CHC-TN), and Cigna Healthcare of Texas, Inc. Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html.

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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224 （聽障專線：請撥 711）。

Vietnamese – XIN LƯU 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 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

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 ناشنوایان: شماره 711 را شماره‌گیری کنید).