



Cigna Healthcare Advantage 3-Tier Prescription Drug List

Coverage as of January 1, 2024



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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® App¹ 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 **Advantage 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 HealthcareSM 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 Advantage 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.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can buy these medications at the pharmacy without a prescription.

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 Advantage 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) desmopressin anpule, vial* dexamethasone intensol DOTTI (QL) estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol- norethindrone EUTHYROX fyremadel*^ (PA) LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxy-progesterone methyl-prednisolone millipred MIMVEY norethindrone	ANDRODERM (PA, QL) CETROTIDE*^ (PA) COMBIPATCH DUAVEE ESTRING (QL) HUMATROPE* (PA) LUPRON DEPOT* (PA) LUPRON DEPOTPED* (PA) MEDROL 2 MG TABLET MYFEMBREE (PA,QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA,QL) ORILISSA (PA,QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT* (PA) SOMAVERT* (PA)	ACTHAR GEL* (PA) ACTIVELLA ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CORTROPHIN* (PA) FENSOLVI* (PA) INTRAROSA (QL) ISTURISA* (PA,QL) LANREOTIDE* (PA) LUPANETA PACK* (PA) MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MYFEMBREE (QL) OMNITROPE* (PA) OSPHENA (QL) PROMETRIUM RAYALDEE SANDOSTATIN LAR DEPOT* (PA) SIGNIFOR LAR* (PA) SUPPRELIN LA* (PA) TESTOPEL (PA) TRIOSTAT TRIPTODUR* (PA)

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

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

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

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

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

Generic medications are in all **lowercase letters**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare Advantage 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.

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	13
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	14
ALZHEIMER'S DISEASE	6	INFECTIONS	14, 15
ANXIETY/DEPRESSION/ BIPOLAR DISORDER	6	INFERTILITY	15
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	15
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	15
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	15, 16
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	16
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	16, 17
CANCER	8, 9	PARKINSON'S DISEASE	17
CHOLESTEROL MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17
CONTRACEPTION PRODUCTS	9-11	SEIZURE DISORDERS	17
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	17, 18
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	18
DIABETES	11, 12	SMOKING CESSATION	18
DIURETICS	12	SUBSTANCE ABUSE	18
EAR MEDICATIONS	13	TRANSPLANT MEDICATIONS	18
EYE CONDITIONS	13	URINARY TRACT CONDITIONS	18
FEMININE PRODUCTS	13	VACCINES	19
		VITAMINS	19
		WEIGHT MANAGEMENT	19

Cigna Healthcare Advantage 3-Tier Prescription Drug List

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

tadalafil 20mg* (PA)	DULERA (QL)	LONHALA
treprostinil* (PA)	FASENRA* (PA)	MAGNAIR (PA,QL)
wixela inhub (QL)	INCRUSE ELLIPTA	ORENITRAM ER* (PA)
	NUCALA *(PA)	ORKAMBI* (PA, QL)
	OFEV* (PA)	PROLASTIN C* (PA)
	OPSUMIT* (PA)	PULMICORT
	QVAR REDIHALER	RESPULE (QL)
	SPIRIVA	PULMOZYME* (PA)
	HANDIHALER (QL)	SINGULAIR
	SPIRIVA RESPIMAT (QL)	TRIKAFTA* (PA, QL)
	STIOLTO RESPIMAT (QL)	TYVASO REFILL KIT* (PA)
	STRIVERDI	UPTRAVI 1800MCG VIAL* (PA)
	RESPIMAT (QL)	
	TEZSPIRE* (PA, QL)	
	TRACLEER 32	
	MG TABLET FOR SUSPENSION* (PA)	
	TRELEGY ELLIPTA (QL)	
	UPTRAVI* (PA)	
	XOLAIR* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

amphetamine (PA)		ADDERALL (PA, ST)
atomoxetine (QL)		DAYTRANA (PA, QL)
dexmethylphenidate (PA)		FOCALIN (PA, ST)
dexmethylphenidate er (PA, QL)		METHYLIN (PA)
dextroamphetamine-amphetamine (PA)		QUILLIVANT XR (PA, QL)
dextroamphetamine-amphetamine er (PA, QL)		RITALIN (PA, ST)
guanfacine er		
methylphenidate er (la) (PA, QL)		
methylphenidate er capsules, tablets (PA,QL)		
methylphenidate cd (PA, QL)		
methylphenidate er (cd) (PA, QL)		
methylphenidate la (PA, QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg*	ADYNOVATE* (PA)	ADVATE* (PA)
tranexamic acid 650 mg*	AFSTYLA* (PA)	CYKLOKAPRON*
	ARANESP* (PA)	DOPTELET* (PA)
	DROXIA	FULPHILA* (PA)
	ELOCTATE* (PA)	GRANIX* (PA)

BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

	EMPAVELI* (PA)	HEMLIBRA* (PA)
	EPOGEN* (PA)	MIRCERA* (PA)
	ESPEROCT* (PA)	NEUPOGEN* (PA)
	JIVI* (PA)	NUWIQ* (PA)
	KOGENATE FS* (QL)	PROMACTA* (PA)
	KOVALTRY* (QL)	RECOMBINATE* (PA)
	NEULASTA* (PA)	SIKLOS (PA)
	NIVESTYM*	TAVALISSE* (PA)
	NOVOEIGHT* (PA)	ULTOMIRIS* (PA)
	NYVEPRIA* (PA)	XYNTHA
	PROCRT* (PA)	SOLOFUSE* (PA)
	RETACRIT* (PA)	XYNTHA* (PA)
	SOLIRIS* (PA)	ZIEXTENZO* (PA)
	UDENYCA* (PA)	
	ZARXIO*	

BLOOD PRESSURE/HEART MEDICATIONS

amiodarone	CORLANOR (PA)	BERINERT* (PA)
amlodipine	ENTRESTO (QL)	BIDIL (QL)
amlodipine-benazepril	NORLIQVA (PA,QL)	CALAN SR
amlodipine-olmesartan (QL)	VERQUVO (PA,QL)	CARDIZEM LA 120MG (QL)
amlodipine-valsartan		CARDURA
atenolol		CATAPRES-TTS 1
benazepril		CATAPRES-TTS 2
bisoprolol		CATAPRES-TTS 3
bisoprolol-hctz		CINRYZE* (PA)
candesartan		COREG (ST)
cartia xt		EPANED
carvedilol		HAEGARDA* (PA)
carvedilol er (QL)		ISOSORBIDE DINITR-HYDRALAZINE (QL)
clonidine		MINIPRESS
diltiazem 12hr er		NITROSTAT
diltiazem 24hr er		NORTHERA* (PA)
diltiazem 24hr er (cd)		NORVASC
diltiazem 24hr er (la)		ORLADEYO* (PA, QL)
diltiazem 24hr er (xr)		PACERONE 100 mg, 400 mg tablet (PA)
		PROCARDIA XL

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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
diltiazem DILT-XR dofetilide (QL) doxazosin droxidopa* enalapril flecainide guanfacine hydralazine tablet icatibant* (PA) irbesartan irbesartan-hctz labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet metyrosine (PA) nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan- amlodipine-hctz olmesartan-hctz (QL) pacerone 200 mg tablet prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) sajazir* (PA) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan tablet valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		RELEUKO* (PA) RUCONEST* (PA) SOTYLIZE TAKHZYRO* PA TIAZAC TIKOSYN (PA, QL) VERELAN VERELAN PM

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel enoxaparin* (QL) fondaparinux sodium* (QL) jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	ARIXTRA* (QL) BAYER CHEWABLE ASPIRIN+ FRAGMIN* (QL) LOVENOX* (QL) PLAVIX SAVAYSA (PA, QL) ZONTIVITY
CANCER		
abiraterone* (PA) anastrozole+ capecitabine* (PA) everolimus* (PA, QL) exemestane+ hydroxyurea imatinib* (QL) lenalidomide* (PA,QL) letrozole mercaptopurine methotrexate tamoxifen+ temozolomide* (PA)	ALECENSA* (PA, QL) BRUKINSA* (PA, QL) CABOMETYX* (PA) CALQUENCE* (PA) ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IMBRUVICA* (PA, QL) KANJINTI* (PA) LYNPARZA* (PA, QL) MVASI* (PA) NUBEQA* (PA) OGIVRI* (PA) REVLIMID* (PA, QL) RIABNI* (PA) RUBRACA* (PA, QL) RUXIENCE* (PA) SPRYCEL* (PA, QL) TRAZIMERA* (PA) TREXALL VENCLEXTA* (PA) VENCLEXTA STARTING PACK* (PA) VERZENIO* (PA,QL) XTANDI* (PA) ZEJULA* (PA, QL) ZIRABEV* (PA)	AFINITOR DISPERZ* (PA) AFINITOR* (PA) ALUNBRIG* (PA, QL) ARIMIDEX AROMASIN AYVAKIT* (PA,QL) BOSULIF* (PA, QL) BRAFTOVI* (PA) COMETRIQ* (PA QL) COTELLIC* (PA) ELIGARD* EXKIVITY* (PA) GAVRETO* (PA,QL) GLEEVEC* (PA) 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) ONTRUZANT* (PA) ORGOVYX* (PA) PHESGO*^ (PA) PIQRAY* (PA) POMALYST* (PA, QL) PURIXAN* RETEVMO* (PA,QL)

Cigna Healthcare Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CANCER (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		ROZLYTREK* (PA) SCEMBLIX* (PA,QL) STIVARGA* (PA, QL) SUTENT* (PA,QL) TAFINLAR* (PA, QL) TAGRISSO* (PA) TALZENNA* (PA, QL) TASIGNA* (PA, QL) TIBSOVO* (PA) TUKYSA* (PA) VENCLEXTA STARTING PACK* (PA) VITRAKVI* (PA) VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI* (PA, QL) XATMEP XELODA* (PA) XOSPATA* (PA) ZELBORAF* (PA)

CHOLESTEROL MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atorvastatin 10mg, 20mg tablet+ colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin 20mg, 40mg tablet+ omega-3 acid ethyl esters pravastatin+ rosuvastatin 5mg, 10mg tablet+ (QL) simvastatin tablet+ (QL)	REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) ZETIA

CONTRACEPTION PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AFIRMELLE+ ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+	LO LOESTRIN FE	ANNOVERA BEYAZ CAYA CONTOURED+ ELLA+

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
APRI+ ARANELLE+ ASHLYNA+ AUBRA EQ+ AUBRA+ AUROVELA 24 FE+ AUROVELA FE+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI 24 FE+ BLISOVI FE+ BRIELLYN+ CAMILA+ CAMRESE LO+ CAMRESE+ CAZIAN+ CHARLOTTE 24 FE+ CHATEAL EQ+ CHATEAL+ CRYSELLE+ CYCLAFEM+ 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+		FEMCAP+ KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE MIRENA*+ NEXPLANON*+ NEXTSTELLIS NUVARING PARAGARD T 380-A*+ SAFYRAL SKYLA*+ TWIRLA+ TYBLUME wide seal diaphragm+ YASMIN 28 YAZ

Cigna Healthcare Advantage 3-Tier Prescription Drug List

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

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+
 LARIN 24 FE+
 LARIN FE+
 LARIN+
 LEENA+
 LESSINA+
 LEVONEST+
 levonorgestrel-
 ethinyl estradiol+
 LEVORA+
 LOJAIMIESS+
 LORYNA+
 LOW-OGESTREL+
 LO-
 ZUMANDIMINE+
 LUTERA+
 LYLEQ+
 LYZA+
 MARLISSA+
 medroxy-
 progesterone
 125mg/ml+
 MERZEE+
 microgestin 24 fe+
 MICROGESTIN FE+
 MICROGESTIN+
 MILI+
 MONO-LINYAH+

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

NECON+
 NIKKI+
 NORA-BE+
 norethindrone+
 norethindrone-
 ethinyl estradiol-
 iron+
 norethindrone-
 ethinyl estradiol+
 norethindrone-
 ethinyl estradiol-
 ferrous fumarate
 norgestimate-
 ethinyl estradiol+
 NORTREL+
 NYLIA+
 NYMYO+
 OCELLA+
 ORSYTHIA+
 PHILITH+
 PIMTREA+
 PIRMELLA+
 PORTIA+
 RECLIPSEN+
 RIVELSA+
 SETLAKIN+
 SHAROBEL+
 SIMLIYA+
 SIMPESS+
 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+

Cigna Healthcare Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont.)		
TRIVORA+ TRI-VYLIBRA LO+ TRI-VYLIBRA+ TULANA+ TYDEMY+ VELIVET+ VESTURA+ VIENVA+ VIORELE+ VOLNEA+ VYFEMLA+ VYLIBRA+ WERA+ WYMZYA FE+ XULANE+ ZAFEMY+ ZOVIA 1-35+ ZUMANDIMINE+		

COUGH/COLD MEDICATIONS		
brompheniramine- pseudoephedrine -dm hydrocodone- homatropine (PA,QL) hydrocodone- chlorpheniramne 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		CLINPRO 5000 FLORIVA+ FLUORIDEX SENSITIVITY RELIEF JUST RIGHT 5000 PERIDEX PREVIDENT 5000 DRY MOUTH

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES		
ACCU-CHEK MULTICLIX LANCET KIT, ACCU-CHEK AVIVA SOLUTION ACCU-CHEK FASTCLIX LANCING DEVICE ACCU-CHEK GUIDE L1-L2 CTRL SOLUTION ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCU-CHEK SOFTCLIX LANCET KIT ADVOCATE SYRINGES ASSURE ID INSULIN SAFETY CARETOUCH INSULIN SYRINGE CEQR SIMPLICITY INSERTER COMFORT EZ INSULIN SYRINGE DROPLET GENTEEL LANCING DEVICE DROPLET INSULIN SYRINGE EASY COMFORT INSULIN SYRINGE EASY GLIDE INSULIN SYRINGE EASY TOUCH CONTROL SOLUTION, INSULIN SYRINGES EASY TOUCH FLIPLOCK INSULIN, INSULIN SAFETY, INSULIN SYRINGE EASY TOUCH LUER LOCK INSULIN	BAQSIMI (QL) BASAGLAR (QL) BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE BYDUREON BCISE (PA,QL) BYETTA (PA,QL) DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLYXAMBI (QL, ST) HUMALOG 100 UNIT/ML CARTRIDGE (QL) HUMULIN (QL) HUMULIN R (QL) INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LYUMJEV (QL) MOUNJARO (PA,QL) OMNIPOD DASH PODS (GEN 3/4/5) (PA, QL) ONETOUCH ULTRA TEST STRIP ONETOUCH ULTRAMINI ONETOUCH VERIO METER, FLEX METER, IQ METER, REFLECT METER ONETOUCH VERIO TEST STRIP OZEMPIC (PA,QL) RYBELSUS (PA, QL)	ACCUTREND GLUCOSE CONTROL CEQR CONTOUR METER CONTOUR NEXT TEST STRIP CONTOUR NEXT EZ CONTOUR TEST STRIP CONTOUR NEXT GEN CYCLOSET SENSOR KIT FREESTYLE FREEDOM LITE GLUCAGON EMERGENCY KIT (QL) GLUCOCARD INPEN GLUCOCARD SHINE CONNEX METER GLUCOCARD SHINE EXPRESS METER KORLYM* (PA) MINIMED RESERVOIR PARADIGM RESERVOIR 3 ML POGO AUTOMATIC BLOOD GLUCOSE SYSTEM PRECISION XTRA KETONE-GLUC KIT RIOMET TRUE METRIX ULTIGUARD SAFE 1ML 30G 12.7MM ULTIGUARD SAFE0.3ML 30G 12.7MM ULTIGUARD SAFEPACK 1ML 31G 8MM ULTIGUARD SAFEPK 0.3ML 31G 8MM

Cigna Healthcare Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
EASY TOUCH SHEATHLOCK INSULIN	SOLIQUA 100-33	
EASY TOUCH UNI-SLIP	SYMLINPEN	
EASY-TOUCH INSULIN SYRINGE	SYNJARDY (QL, ST)	
glimepiride	SYNJARDY XR (QL, ST)	
glipizide	TRESIBA (QL)	
glipizide er	TRIJARDY XR (ST, QL)	
glipizide xl	TRULICITY (PA, QL)	
GUARDIAN RT CHARGER	V-GO 20	
GUARDIAN TEST PLUG	V-GO 30	
HEALTHWISE INSULIN SYRINGE	V-GO 40	
INPEN (FOR HUMALOG)	XIGDUO XR (QL, ST)	
INPEN (FOR NOVOLOG OR FIASP)	XULTOPHY	
INSULIN SYRINGE LITE TOUCH	ZEGALOGUE (QL)	
MAGELLAN INSULIN SAFETY SYRINGE		
MAGELLAN INSULIN SYRINGE		
MAXICOMFORT INSULIN SYRINGE		
metformin er		
metformin hcl 500, 850, 1000 mg tablet		
metformin hcl 500 mg/5 ml soln		
metformin hcl 850 mg/8.5ml cup		
MICROLET NEXT LANCING DEVICE		
MONOJECT 0.5 ML SYRINGE 28GX1/2"		
MONOJECT INSULIN SYRINGE		
MULTI-LANCET DEVICE 2 KIT		
PARADIGM RESERVOIR 1.8 ML		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
PRO COMFORT INSULIN SYRINGE		
PRODIGY INSULIN SYRINGE		
SAFETYGLIDE INSULIN SYRINGE		
SAFETYGLIDE SYRINGE		
SURE COMFORT INSULIN SYRINGE		
TECHLITE INSULIN SYRINGE		
TOPCARE ULTRA COMFORT		
TRUE COMFORT INSULIN SYRINGE		
TRUE COMFORT PRO INS SYRINGE		
TRUEPLUS SYRINGE		
ULTICARE INSULIN SYRINGE		
ULTIGUARD SAFE0.5ML 30G 12.7MM		
ULTIGUARD SAFEPK 0.5ML 31G 8MM		
ULTRA COMFORT SYRINGE		
ULTRACARE INSULIN SYRINGE		
VANISHPOINT INSULIN SYRINGE		
VEO INSULIN SYRINGE		
DIURETICS		
acetazolamide tablet	CAROSPIR	DIURIL
acetazolamide er capsule	KERENDIA (PA, QL)	INSPIRA
bumetanide tablet		JYNARQUE* (PA)
chlorthalidone		MAXZIDE
eplerenone		
furosemide solution, tablet		
hydrochlorothiazide		
spironolactone		
triamterene-hctz		

Cigna Healthcare Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EAR MEDICATIONS

ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin		CIPRO HC CIPRODEX CIPROFLOXACIN-FLUOCINOLONE DERMOTIC OTOVEL
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EYE CONDITIONS

bepotastine^ bimatoprost (QL) brimonidine brimonidine tartrate-timolol brinzolamide ciprofloxacin cyclosporine difluprednate dorzolamide-timolol erythromycin fluorometholone ketorolac 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 CEQUA EYSUVIS (QL) FLAREX INVELTYS LOTEMAX 0.5% EYE OINTMENT LOTEMAX SM SIMBRINZA TOBRADEX ST XIIDRA	ACUVAIL ALREX AZASITE CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DURYSTA* (PA) FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO LUCENTIS* (PA) NEVANAC OXERVATE* (PA) PROLENSA RHOPRESSA ROCKLATAN TEPEZZA* (PA) ZIRGAN ZYLET
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FEMININE PRODUCTS

GYNAZOLE 1 miconazole 3 200 mg terconazole		
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GASTROINTESTINAL/HEARTBURN

ANUCORT-HC balsalazide cinacalcet*	CLENPIQ+ ENTYVIO* (PA) LINZESS	APRISO BONJESTA CANASA
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont.)

constulose dexlansoprazole dr^ (QL) dicyclomine capsule, solution, tablet dronabinol esomeprazole (QL) famotidine 40 mg/5 ml suspension GAVILYTE-C+ GAVILYTE-G+ GENTLE LAXATIVE TABLET+ glycopyrrolate tablet HEMMOREX-HC hydrocortisone lansoprazole^ (QL) lubiprostone mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet misoprostol omeprazole^ (QL) ondansetron ondansetron odt pantoprazole^ (QL) peg 3350-electrolyte+ peg3350-sodium sulfate-sodium chloride- potassium chloride-sodium ascorbate- ascorbic acid+ PEG-PREP+ prochlorperazine tablet promethazine promethegan rabeprazole tablet^ (QL) scopolamine sucralfate	NEXIUM DR 25 MG PACKET (QL) NEXIUM DR 2 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE SUTAB+ TRULANCE VIBERZI	CARAFATE CHOLBAM* (PA) CUVPOSA CYTOTEC DICLEGIS GATTEX* (PA) HYOSCYAMINE LEVBIID ER LEVSIN LEVSIN-SL LITHOSTAT MOTOFEN MOVANTIK (PA) NULEV OCALIVA* (PA) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE XERMELO* (PA)
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Cigna Healthcare Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS

AMABELZ	CETROTIDE*^ (PA)	ACTHAR GEL* (PA)
budesonide dr	COMBIPATCH	ACTIVELLA
budesonide ec	DUAVEE	ANDRODERM (PA, QL)
budesonide er (PA, QL)	ESTRING (QL)	ANDROGEL (PA, QL)
cabergoline (QL)	ESTROGEL	ANGELIQ
desmopressin ampule, vial*	FENSOLVI* (PA)	AYGESTIN
dexamethasone intensol	FOLLISTIM*^ (PA)	BIJUVA
DOTTI (QL)	FORTEO* (PA, QL)	CLIMARA
estradiol (once weekly)	GENOTROPIN* (PA)	CLIMARA PRO
estradiol 10mcg vaginal insert (QL)	LUPRON DEPOT* (PA)	CORTROPHIN* (PA)
estradiol (twice weekly) (QL)	LUPRON DEPOT-PED* (PA)	CRINONE 4% (PA)
estradiol-norethindrone acetat	MYFEMBREE (PA, QL)	CYTOMEL
EUTHYROX	OMNITROPE* (PA)	DEPO-TESTOSTERONE
fyremadel*^ (PA)	ORIAHNN (PA, QL)	DIVIGEL
LEVO-T	ORILISSA (PA, QL)	ELESTRIN
levothyroxine tablet	PREMARIN TABLET, VAGINAL CREAM	EMFLAZA* (PA)
LEVOXYL	PREMARIN TABLET, VAGINAL CREAM	ESTRACE
liothyronine	PREMARIN TABLET, VAGINAL CREAM	EVAMIST
LYLLANA (QL)	PREMARIN TABLET, VAGINAL CREAM	FENSOLVI*
medroxyprogesterone	PREMPHASE	IMVEXXY (QL)
methylprednisolone	PREMPRO	INTRAROSA (QL)
millipred	SEROSTIM* (PA)	ISTURISA* (PA, QL)
MIMVEY	SKYTROFA (PA, QL)	LANREOTIDE* (PA)
norethindrone	SOMATULINE DEPOT* (PA)	LUPANETA PACK* (PA)
NP THYROID	TRIPTODUR* (PA)	MEDROL
prednisolone solution		MENOSTAR (QL)
prednisone intensol		MINIVELLE (QL)
prednisolone odt		OSPHENA (QL)
progesterone tablet		PROMETRIUM
testosterone cypionate		RAYALDEE
YUVAFEM		SANDOSTATIN LAR DEPOT* (PA)
		SIGNIFOR LAR* (PA)
		SOMAVERT* (PA)
		SUPPRELIN LA* (PA)
		teriparatide* (PA, QL)
		TESTOPEL (PA)
		TRIOSTAT
		UNITHROID
		VAGIFEM (QL)
		VIVELLE-DOT (QL)

INFECTIONS

acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
albendazole	EPCLUSA* (PA, QL)	ALBENZA
amoxicillin	EURAX 10% CREAM	ALINIA
		ANCOBON

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont.)

amoxicillin-clavulanate er	FIRVANQ	ARIKAYCE* (PA)
amoxicillin-clavulanate	HARVONI* (PA, QL)	BACTRIM
atovaquone	LAGEVRIO (EUA) (QL)	BACTRIM DS
atovaquone-proguanil	MOLNUPIRAVIR (QL)	BAXDELA TABLET (PA)
AVIDOXY	PAXLOVID (QL)	BICILLIN L-A
azithromycin packet,	PEGASYS* (PA)	CAYSTON* (PA, QL)
suspension, tablet	SOVALDI* (PA, QL)	CIPRO
cefadroxil	THALOMID* (PA)	CLEOCIN PEDIATRIC
cefdinir	TOBI PODHALER* (PA, QL)	DARAPRIM* (PA)
cefepodoxime	VEMLIDY*	DIFICID (PA, QL)
cefuroxime tablet	VOSEVI* (PA, QL)	e.e.s. 400
cephalexin	XIFAXAN (QL)	ELIMITE
ciprofloxacin		ERYPED 200
clarithromycin		ERY-TAB DR
clarithromycin er		EURAX 10% LOTION
clindamycin		FLAGYL
clindamycin (pediatric)		HIPREX
COREMINO ER (QL)		KITABIS PAK* (PA, QL)
dapsone		LIVTENCITY* (PA, QL)
doxycycline monohydrate		MACROBID
EMVERM		MACRODANTIN
entecavir* (QL)		MALARONE (PA)
erythromycin		MONUROL
erythromycin ethylsuccinate		NATROBA
famciclovir		NUZYRA TABLET* (PA, QL)
fluconazole		PLAQUENIL (PA)
flucytosine		PRIFTIN
fosfomycin		SYNAGIS* (PA)
hydroxy-chloroquine		VFEND
itraconazole		SUSPENSION, TABLET (PA)
levofloxacin solution, tablet		VFEND IV
methenamine		VIEKIRA PAK* (PA, QL)
metronidazole gel, capsule, tablet		XOFLUZA (QL)
minocycline		
minocycline er tablet (QL)		
mondoxyne nl		
nitazoxanide		
nitrofurantoin		
nitrofurantoin monohydrate-macrocrystal		

Cigna Healthcare Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont.)		
nystatin suspension, tablet permethrin 5% cream voriconazole suspension, tablet (PA)		

INFERTILITY		
CHORIONIC- GONADO- TROPIN*^ (PA) clomiphene ^ hydroxy- progesterone caproate* (PA)	ENDOMETRIN^ GONAL-F*^ (PA) NOVAREL*^ (PA) OVIDREL*^ (PA) PREGNYL*^ (PA)	CHORIONIC GONADOTROPIN 10,000 UNIT VIAL*^ (PA) CRINONE 8%^ (PA) FOLLISTIM AQ*^ (PA) MAKENA* (PA) MENOPUR*^ (PA)

MISCELLANEOUS		
ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX deferiprone 500mg* (PA) disulfiram DROPLET LANCETS MICROLET LANCETS ONETOUCH DELICA PLUS LANCET ONETOUCH LANCETS sapropterin* (PA) sodium chloride inhalation vial, irrigation solution, vial TECHLITE LANCETS	CERDELGA* (PA) NITYR* (PA) PRECISION XTRA STRENSIQ* (PA)	AUSTEDO* (PA) BOTOX* (PA) CEREZYME* (PA) DYSPORET* (PA) EVRYSDI* (PA) FORA GTEL KETONE TEST STRIP GALAFOLD* (PA) GOJJI BLOOD KETONE TEST STRIP HYPER-SAL INGREZZA* (PA) INGREZZA INITIATION PACK* (PA, QL) KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT MYALEPT* (PA) NOVAMAX PLUS NUEDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTR B-KETONE STRIP RADICAVA ORS* (PA,QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
MISCELLANEOUS (cont.)		
		RADICAVA* (PA) SPINRAZA* (PA) TEGSEDI* (PA) TIGLUTIK* (PA) TRUEPLUS KETONE TEST STRIP VIVITROL* VOXZOGO* (PA) VYNDAMAX* (PA, QL)

MULTIPLE SCLEROSIS		
dalfampridine er* (PA) dimethyl fumarate* glatiramer acetate* glatopa*	AVONEX* (PA) BAFIERTAM* (PA) BETASERON* (PA) KESIMPTA PEN* MAYZENT* (PA) OCREVUS* (PA) PLEGRIDY* (PA) PONVORY* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA)	FIRDAPSE* (PA, QL) MAVENCLAD* (PA) TYSABRI* (PA)

NUTRITIONAL/DIETARY		
betaine anhydrous* calcitriol capsule, solution^ cyanocobalamin injection dodex fluoride+ folic acid^+ klor-con 8 klor-con 10 lanthanum MULTI-VITAMIN W-FLUORIDE- IRON+ MULTIVITAMIN WITH FLUORIDE+ MULTIVITAMIN- IRON-FLUORIDE potassium chloride 10%, capsule, conc, packet, tablet sevelamer sevelamer carbonate sodium fluoride+	LOKELMA PETITE OB COMPLETE VELPHORO VELTASSA	ACCRUFER AURYXIA (QL) CITRANATAL BLOOM CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX DRISDOL^ FLORIVA+ INFUVITE ADULT K-TAB ER MONOFERRIC (PA) NEEVO DHA OB COMPLETE PHOSLYRA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+

Cigna Healthcare Advantage 3-Tier Prescription Drug List

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

taron-prex prenatal RI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+		POTASIUUM CL 2 MEQ/ML CONC POTASSIUUM CL 2 MEQ/ML CONC PRENATE PRIMACARE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ML DROP+ ROCALTROL TRI-VI-FLOR+
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OSTEOPOROSIS PRODUCTS

alendronate ibandronate syringe, vial* ibandronate 3 mg/3 ml syringe* ibandronate 3 mg/3 ml vial* raloxifene + risedronate dr	TYMLOS* (PA, QL)	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) BONIVA (ST) EVISTA EVENTY (2 SYRINGES)* (PA,QL) EVENTY* (PA,QL) FOSAMAX (ST) PROLIA* (PA) XGEVA* (PA)
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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA) allopurinol tablet baclofen tablet buprenorphine (QL) buprenorphine patch (QL) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) colchicine 0.6 mg tablet cyclobenzaprine	ACTEMRA* (PA, QL) ADALIMUMAB-ADAZ (CF) (PA, QL) AIMOVIG (PA) AJOVY (PA) AMJEVITA* (made by Amgen) (PA,QL) AVSOLA* (PA) BELBUCA (QL) CIMZIA* (PA, QL) CYLTEZO (PA, QL) DUPIXENT* (PA) DUROLANE* EMGALITY (PA) ENBREL* (PA, QL)	ARAVA ARCALYST* (PA) BENLYSTA* (PA) BUPRENEX BUTRANS (QL) CELEBREX (QL, ST) COLCRYS COSENTYX SENSOREADY PEN* (PA,QL) COSENTYX SYRINGE* (PA,QL) DEPEN* (PA, QL) DUROLANE* (PA) EC-NAPROSYN (ST) FEXMID
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

diclofenac 1% gel (QL) diclofenac dr diclofenac ec EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) fentanyl patch (PA) frovatriptan (QL) GLYDO hydrocodone-acetaminophen (PA) hydromorphone (PA) hydromorphone er (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine (QL) lidocaine-prilocaine meloxicam tablet metaxalone methocarbamol morphine (PA) morphine er (PA) nabumetone NALOCET (PA) oxycodone (PA) oxycodone er (PA) oxycodone-acetaminophen (PA) penicillamine* (PA, QL) PROLATE TABLET (PA) rizatriptan (QL) sumatriptan (QL)	EUFLEXXA* (PA) HADLIMA/ HADLIMA (CF) (PA, QL) HUMIRA (PA,QL) HYRIMOZ (PA,QL) HYSINGLA ER (PA) INFLECTRA* (PA) MITIGARE NURTEC ODT (PA, QL) OTREXUP (PA) OTEZLA* (PA, QL) QULIPTA (PA, QL) REDITREX (PA) RINVOQ* (PA, QL) SIMPONI 100MG* (PA, QL) SIMPONI ARIA* (PA) STELARA* (PA, QL) TALTZ* (PA, QL) TREMIFYA* (PA,QL) TRUDHESA (PA,QL) UBRELVY (PA, QL) XELJANZ* (PA, QL) XELJANZ XR* (PA, QL) XTAMPZA ER (PA) ZTLIDO	GABLOFEN GEL-ONE* (PA) GELSYN-3 (PA) GENVISC 850* (PA) HYALGAN* (PA) HYMOVIS* (PA) ILARIS* (PA) ILUMYA* (PA, QL) KEVZARA* (PA, QL) MONOVISC* (PA) NAPROSYN (ST) NUCYNTE ER (PA) NUCYNTE (PA) OLUMIANT* (PA, QL) ORENCIA* (PA, QL) ORTHOVISC* (PA) OXAYDO (PA) PERCOCET (PA) PROCORT PROCTOFOAM-HC RENFLEXIS* (PA) ROBAXIN ROXYBOND (PA) SAVELLA SILIQ* (PA, QL) SKELAXIN SUPARTZ FX* (PA) SYNVISC* (PA) SYNVISC-ONE* (PA) TRILURON* (PA) TRIVISC* (PA) VISCO-3* (PA) ULORIC (QL) XIAFLEX* (PA) ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA) ZYLOPRIM
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Cigna Healthcare Advantage 3-Tier Prescription Drug List

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

sumatriptan succ-
naproxen sod (QL)
tramadol 50 mg
tablet (QL)
tramadol er (QL)
VANADOM

PARKINSON'S DISEASE

benztropine tablet
carbidopa-
levodopa
carbidopa-
levodopa er
pramipexole
pramipexole er
(QL)
rasagiline (QL)
ropinirole er
ropinirole

KYNMOBI (PA)

AZILECT (QL)
DUOPA*
INBRIJA* (PA)
MIRAPEX ER (QL)
NEUPRO
NOURIANZ* (PA,
QL)
OSMOLEX ER (QL)
RYTARY
SINEMET 10-100
SINEMET 25-100
XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

aripiprazole (QL)
aripiprazole odt
asenapine
chlorpromazine
clozapine
clozapine odt
olanzapine tablet
olanzapine odt
paliperidone er
(QL)
quetiapine
quetiapine er
risperidone
risperidone odt
ziprasidone tablet

ABILIFY MAINTENA
(QL)
LATUDA (QL)
REXULTI (QL, ST)

ARISTADA (QL)
CAPLYTA (QL,ST)
CLOZARIL (ST)
FANAPT (QL, ST)
INVEGA HAFYERA
(QL, ST)
INVEGA SUSTENNA
(QL, ST)
INVEGA TRINZA
(QL, ST)
PERSERIS (QL)
RISPERDAL CONSTA
(ST)
SAPHRIS (ST)
SECUADO (ST)
SEROQUEL (ST)
SEROQUEL XR (ST)
VRAYLAR (QL, ST)
ZYPREXA RELPREVV
(QL)

SEIZURE DISORDERS

carbamazepine
carbamazepine er
clonazepam
divalproex
divalproex er
EPITOL
gabapentin

DILANTIN 30 MG
CAPSULE (PA)
FYCOMPA (PA, QL)
NAYZILAM (PA, QL)
VIMPAT 10 MG/ML
SOLUTION

APTIOM (PA, QL)
BANZEL (PA, QL)
BRIVIACT ORAL
SOLUTION, TABLET
(PA)
CARBATROL (PA)
DEPAKOTE (PA)

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

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
oxcarbazepine
pregabalin capsule,
solution
ROWEEPR
rufinamide (PA, QL)
SUBVENITE
SUBVENITE (BLUE)
SUBVENITE (GREEN)
SUBVENITE
(ORANGE)
topiramate
topiramate er
vigabatrin*
vigadrone*

DEPAKOTE ER (PA)
DEPAKOTE
SPRINKLE (PA)
DIASTAT (PA)
DILANTIN 100 MG
CAPSULE (PA)
DILANTIN 50 MG
INFATAB (PA)
EPIDIOLEX* (PA)
FINTEPLA* (PA)
KLONOPIN (PA)
LYRICA ORAL
SOLUTION (PA)
NEURONTIN (PA)
OXTELLAR XR (PA)
PHENYTEK (PA)
SPRITAM (PA)
TEGRETOL (PA)
TEGRETOL XR (PA)
VALTOCO (PA, QL)
VIMPAT 200MG/ML
VIAL)
XCOPRI (PA, QL)

SKIN CONDITIONS

ACUTANE
adapalene (PA age)
adapalene-benzoyl
peroxide
AMNESTEEM
AVAR CLEANSER
azelaic acid
betamethasone
diprop
augmented
betamethasone
dipropionate
betamethasone
dipropionate
BP 10-1
calcipotriene
cream, ointment,
solution

ADBRY* (PA)
CIBINQO* (PA, QL)
EUCRISA (ST)
TARGRETIN*

ANALPRAM HC
2.5%-1% LOTION
AVAR 9.5-5%
CLEANSING PADS
BRYHALI (ST)
calcipotriene foam
CAPEX SHAMPOO
(ST)
CLEOCINT
CLINDACIN ETZ KIT
CLINDACIN PAC KIT
CLODERM (ST)
DRYSOL
EFUDEX
ELIDEL
EVOCLIN
NAFTIN
OPZELURA (PA)

Cigna Healthcare Advantage 3-Tier Prescription Drug List

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

CLARAVIS		PICATO
CLINDACIN ETZ 1% PLEDGET		PLEXION
CLINDACIN P 1% PLEDGETS		PRAMOSONE
clindamycin 1% foam, gel, lotion, pledget, solution		PROTOPIC
clindamycin- benzoyl peroxide		REGRANEX (PA, QL)
clindamycin tretinoin		SANTYL (QL)
clobetasol		TEMOVATE (ST)
CLOCORTOLONE PIVALATE		TWYNEO
CLODAN		VALCHLOR*
clotrimazole- betamethasone		XEPI
dapsone gel		
DROPSAFE PREP PADS		
fluorouracil cream, topical solution		
isotretinoin		
ketoconazole		
KETODAN		
metronidazole		
mupirocin ointment		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide- sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA age)		
TRIDERM		
ZENATANE		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	DAYVIGO (QL, ST)	HETLIOZ* (PA)
doxepin (QL)	SUNOSI (PA, QL)	HETLIOZ LQ* (PA)
doxepin hcl (QL)		WAKIX* (PA, QL)
eszopiclone		XYREM* (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SLEEP DISORDERS/SEDATIVES (cont.)

modafinil (PA)		XYWAV* (PA, QL)
naltrexone hcl (QL)		
temazepam		
zolpidem		
zolpidem er (QL)		

SMOKING CESSATION²

varenicline+		NICODERM CQ+
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SUBSTANCE ABUSE

buprenorphine- naloxone	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBLOCADE* SUBOXONE ZIMHI (QL)
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TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet*	PROGRAF 5 MG/ML AMPULE*	ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET*
everolimus 0.5 mg tablet*		ENVARUS XR* IMURAN* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET*
mycophenolate mofetil*		PROGRAF 0.5 MG CAPSULE*
mycophenolic acid*		PROGRAF 1 MG CAPSULE*
sirolimus*		PROGRAF 1 MG GRANULE PACKET*
tacrolimus capsule*		PROGRAF 5 MG CAPSULE* RAPAMUNE* REZUROCK* (PA) ZORTRESS*

URINARY TRACT CONDITIONS

alfuzosin er	CYSTAGON*	ELMIRON
cevimeline		FLOMAX
finasteride		K-PHOS ORIGINAL
oxybutynin		PROSCAR
oxybutynin er		PYRIDIUM
phenazopyridine		RAPAFLO (QL)
potassium er		UROCIT-K
silodosin (QL)		UROXATRAL
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine er (QL)		
tropium		
tropium er		

Cigna Healthcare Advantage 3-Tier Prescription Drug List

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

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+	AFLURIA QUAD 2021-22 (6-35MO)+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAIXIA+ DIPHTHERIA-TETANUS TOXOIDS-PED+ FLUAD QUAD 2021-2022+ FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE HIGH-DOSE QUAD 2021-22+ FLUZONE QUAD 2021-2022+ 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-19 BOOSTER (EUA)+ MODERNA COVID-19 VACCINE (EUA)+

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		MODERNA COVID (12Y UP) VAC (EUA)+ MODERNA COVID (6M-5Y) VACC (EUA)+ NOVAVAX COVID-19 VACC, ADJ (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5-11Y) VAC (EUA)+ PFIZER COVID (6M-4Y) VACC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+ TDVAX+ TENIVAC+

VITAMINS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+

WEIGHT MANAGEMENT

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
megestrol suspension		

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 be 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:"

- Prescription medications used to treat heartburn/stomach acid conditions (such as Nexium, Prilosec OTC and any generics) and allergies (such as Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- Medications used to treat lifestyle conditions such as infertility, erectile dysfunction and smoking cessation.³
- 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

Frequently Asked Questions (FAQs) (cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

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.⁴

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.⁵ 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.⁵

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

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

Frequently Asked Questions (FAQs) (cont.)

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.⁵ 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.⁶

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](https://www.cigna.com/homedelivery).

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁷
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁸
- 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)⁹ 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).⁹ 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 cost⁷
- 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](https://www.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:¹⁰

- 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,¹¹ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,¹¹ 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. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
4. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
5. 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>.
6. 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.*
7. Standard shipping costs are included as part of your prescription plan.
8. 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.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. 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.
11. **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).