



Cigna Healthcare Performance 4-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 11/01/2023.* 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/PDL. Scroll down until you see a pdf of the **Cigna Performance 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

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 Performance 4-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 Performance 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide EC	ANDROGEL 1.62% (PA, QL)	ALORA (QL)
cabergoline (QL)	ARMOUR THYROID	ANDROGEL 1.0% (PA, QL)
COVARYX	CYTOMEL 50mcg	ANGELIQ
COVARYX H.S.	DIVIGEL	CLIMARA
DECADRON	DUAVEE	CLIMARA PRO
desmopressin	ESTRING (QL)	Combipatch
dexamethasone	PREMARIN	CYTOMEL 5, 25mcg
estradiol-norethindrone	PREMPHASE	DEPO-TESTOSTERONE
estrogen-methyltestosterone	PREMPRO	ELESTRIN
levothyroxine		ENTOCORT EC
LEVOXYL		ESTRACE
liothyronine		ESTROGEL
medroxy-progesterone		EVAMIST
methimazole		FEMRING
methylprednisolone		INTRAROSA
MIMVEY		LEVO-T
MIMVEY LO		MENOSTAR (QL)
NATURE-THROID		MINIVELLE (QL)
NP THYROID		OSPHENA
prednisolone		TIROSINT
prednisolone ODT		UNITHROID
prednisone		VAGIFEM (QL)
prednisone intensol		VIVELLE-DOT (QL)
progesterone		

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

Tiers

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

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

Abbreviations next to medications

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

(PA)	Prior Authorization – Certain medications need approval from Cigna 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.

Specialty medications are covered on Tier 4

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, all specialty medications are covered on Tier 4 (see pages 19–23). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

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
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	11
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	12
ANXIETY/DEPRESSION/ BIPOLAR DISORDER	6	HORMONAL AGENTS	12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	INFERTILITY	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13, 14
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	7	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	15
CONTRACEPTION PRODUCTS	8-10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15, 16
DENTAL PRODUCTS	10	SKIN CONDITIONS	16
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	17
EYE CONDITIONS	11	VACCINES	17
		VITAMINS	18
		WEIGHT MANAGEMENT	18

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ALLERGY/NASAL SPRAYS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine azelastine- fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine mometasone (QL) olopatadine promethazine solution, syrup, tablet		CLARINEX EPINEPHRINE PROFESSIONAL EMS GASTROCROM GRASSTK (PA, QL) ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE PHENERGAN RAGWITEK (PA, QL) VISTARIL

ALZHEIMER'S DISEASE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine		ARICEPT EXELON MESTINON 180 MG TIMESPAN MESTINON 60 MG TABLET MESTINON 60 MG TABLET, 180 MG TIMESPAN NAMENDA 5,10 MG TABLET NAMENDA 5, 10 MG TABLET NAMENDA XR (QL) NAMZARIC (QL) regonol

ANXIETY/DEPRESSION/BIPOLAR DISORDER²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL)		DESVENLAFAXINE ER (QL, ST) EMSAM (QL) FETZIMA (QL, ST) PAXIL (QL, ST) TRINTELLIX (QL, ST) XANAX XANAX XR

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER² (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion xl 300 mg tablet (QL) buspirone citalopram (QL) clomipramine duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		

ASTHMA/COPD/RESPIRATORY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
albuterol albuterol hfa (QL) budesonide (QL) budesonide- formoterol (QL) fluticasone- salmeterol (QL) ipratropium- albuterol montelukas wixela inhub (QL)	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) INCRUSE ELLIPTA QVAR REDHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TRELEGY ELLIPTA (QL)	AIRDUO DIGIHALER (QL, ST) BUDESONIDE- FORMOTEROL (QL) DALIRESP (QL) PULMICORT RESPULES (QL) SINGULAIR

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER²

amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL) guanfacine er (QL) methylphenidate er (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL)	MYDAYIS (PA, QL)	ADDERALL (PA,ST) ADZENYS XR-ODT (PA, QL) amphetamine er (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) VYVANSE (PA, QL)
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BLOOD MODIFIERS/BLEEDING DISORDERS

	DROXIA	SIKLOS (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

amiodarone 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 iltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem	CORLANOR (PA) ENTRESTO (QL) NORLIQVA (PA,QL) VERQUVO (PA,QL)	ALTACE (ST) AVALIDE (ST) AVAPRO (ST) BIDIL (QL) CALAN SR CARDURA CARDIZEM LA (QL) CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE HCT HYZAAR (ST) LOTENSIN (ST) MICARDIS (QL, ST) MICARDIS HCT (QL, ST) MINIPRESS NITROSTAT NORVASC pacerone 100 mg, 400 mg tablet (PA) PROCARDIA XL
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont.)

DILT-XR dofetilide (QL) doxazosin enalapril flecainide hydralazine tablet icatibant* (PA) irbesartan irbesartan-hctz labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol metyrosine (PA) nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		SOTYLIZE TEKTURNA (QL) TEKTURNA HCT (QL) TIAZAC TIKOSYN (PA, QL) VALSARTAN (ST) VERELAN VERELAN PM ZESTORETIC (ST) ZESTRIL (ST)
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BLOOD THINNERS/ANTI-CLOTTING

clopidogrel jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	PLAVIX SAVAYSA (PA, QL)
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Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER		
anastrozole+ exemestane+ hydroxyurea letrozole mercaptopurine methotrexate tamoxifen+	GLEOSTINE TREXALL	ARIMIDEX AROMASIN XATMEP

CHOLESTEROL MEDICATIONS		
atorvastatin+ colesevlam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin 10 mg lovastatin 20, 40 mg tablet+ omega-3 acid ethyl esters pravastatin+ rosuvastatin 5, 10 mg tablet+ (QL) rosuvastatin 20, 40 mg tablet (QL) simvastatin 5, 80 mg tablet (QL) simvastatin 10, 20, 40 mg tablet+	NEXLETOL (PA, QL) NEXLIZET (PA, QL) REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET (PA) TRICOR (ST) TRILIPIX (ST) VYTORIN (ST) ZETIA

CONTRACEPTION PRODUCTS		
afirmelle+ altavera+ alyacen+ amethia+ amethyst+ apri+ aranelle+ ashlyna+ aubra eq+ aubra+ aurovela 24 fe+ aurovela fe+ aurovela+ aviane+	LO LOESTRIN FE	ANNOVERA BALCOLTRA BEYAZ CAYA CONTOURED+ ELLA+ FEMCAP+ layolis fe+ LOESTRIN FE microgestin 24 fe MINASTRIN 24 FE NATAZIA NEXTSTELLIS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont.)		
ayuna+ azurette+ balziva+ blisovi 24 fe+ blisovi fe+ briellyn+ camila+ camrese lo+ camrese+ caziant+ charlotte 24 fe+ chateal eq+ chateal+ cryselle+ 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+ gemmily+ hailey 24 fe+ hailey fe+ hailey+ heather+ iclevia+		NUVARING SAFYRAL SLYND TAYTULLA TYBLUME TWIRLA+ VCF+ wide seal diaphragm+ YASMIN 28 YAZ

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont.)		
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-28+ lojaimiess+ loryna+ low-ogestrel+ lo-zumandimine+ lutra+ lyleq+ lyza+ marlissa+ medroxy- progesterone 150mg/ml + merzee+ microgestin 24 fe+ microgestin+ mili+ mono-lynyah+ necon+ nikki+ nora-be+ norethindrone+ norethindrone- ethinyl estradiol- iron+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont.)		
norethindrone- ethinyl estradiol+ norethindrone- ethinyl estradiol- ferrous fumarate norgestimate- ethinyl estradiol+ nortrel+ nylia+ nymyo+ ocella+ philith+ pimtrea+ pirmella+ 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-lynyah+ 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+		

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

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

vienna+ viorele+ volnea+ vyfemla+ vylibra+ wera+ wymzya fe+ xulane+ zafemy+ zovia 1-35+ zumandimine+		
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COUGH/COLD MEDICATIONS

brompheniramine- pseudoephedrine -dm hydrocodone- chlorpheniramne er (PA) promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL)
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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+ drops sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone		CLINPRO 5000 FLORIVA+ FLUORIDEX SENSITIVITY RELIEF JUST RIGHT 5000 PERIDEX PREVIDENT 0.2% RINSE, 1.1% GEL, DENTAL RINSE, 5000 PLUS CREAM
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DIABETES

ACCU-CHEK ADVOCATE SYR ASSURE ID SYR AUTOSHIELD PEN NEEDLE BD SAFETYGLIDE SYRINGE 27GX5/8 BLOOD GLUCOSE METER	ACCU-CHEK GUIDE ME GLUCOSE MTR ACCU-CHEK GUIDE MONITOR SYSTEM BAQSIMI (QL) BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE	ACCU-CHEK COMPACT PLUS CONTROL ACCU-CHEK AVIVA SOLUTION CEQUR CONTOUR NEXT EZ CONTOUR NEXT GEN
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont.)

CARETOUCH INSULIN SYRINGE CEQUR SIMPLICITY INSERTER COMFORT EZ INSULIN SYRINGE DROPLET GENTEEL LANCING DEVICE DROPLET INSULIN SYRINGE EASY COMFORT INSULIN SYRINGE EASY GLIDE INSULIN SYRINGE EASY TOUCH PEN NEEDLES glimepiride glipizide glipizide er/xl GLUCOCARD EXPRESSION GUARDIAN RT CHARGER GUARDIAN TEST PLUG HEALTHWISE INSULIN SYRINGE INPEN INSULIN SYRINGE LITE TOUCH LANCING PEN LITETOUCH INSULIN SYRINGE MAGELLAN INSULIN SYRINGE MAXI-COMFORT MAXICOMFORT INSULIN SYRINGE metformin metformin er MICROLET NEXT LANCING DEVICE MONOJECT INSULIN SAFETY SYRNG, INSULIN SYRINGE MULTI-LANCET NANO PEN NEEDLE PRO COMFORT INSULIN SYRINGE	BYDUREON BCISE (PA,QL) BYETTA (PA,QL) DEXCOM G6 (PA, QL) DEXCOM G6 RECEIVER (PA, QL) DEXCOM G6 SENSOR (PA, QL) DEXCOM G6 TRANSMITTER (PA, QL) DROPSAFE FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLUCAGEN HYPO KIT (QL) GLYXAMBI (QL, ST) HEALTHY ACCENTS UNIFINE PENTIP HUMALOG (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 DASH PODS (GEN 4) (QL) OMNIPOD 5 G6 PODS (GEN 5) (QL) OMNIPOD CLASSIC PODS (GEN 3) (QL) ONETOUCH ULTRA TEST STRIP	CYCLOSET DEXCOM G4 DEXCOM G5 DEXCOM G5-G4 SENSOR FREESTYLE FREEDOM LITE GLUCOCARD SHINE CONNEX METER GLUCOCARD SHINE EXPRESS METER GVOKE (QL) MINIMED RESERVOIR PARADIGM POGO AUTOMATIC BLOOD GLUC SYS PRECISION XTRA MONITOR NFRS PRECISION XTRA MONITOR PRECISION XTRA KETONE-GLUC KIT RIOMET RIOMET ER TRUETRACK BLOOD GLUCOSE SYSTEM TRUE METRIX UNIFINE SAFECONTROL ULTIGUARD SAFEPACK- INSULIN SYR
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Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
PRODIGY INSULIN SYRINGE	ONETOUCH ULTRAMINI	
SURE COMFORT LANCING PEN, SYRINGE	ONETOUCH VERIO FLEX METER	
SURE COMFORT INSULIN SYRINGE	ONETOUCH VERIO IQ METER	
0.3ML 31GX1/4, 0.5ML 31GX1/4, 1 ML 31GX1/4	ONETOUCH VERIO METER	
TECHLITE INSULIN SYRINGE	ONETOUCH VERIO REFLECT METER	
TOPCARE ULTRA COMFORT	ONETOUCH VERIO TEST STRIP	
TRUE COMFORT INSULIN SYRINGE	OZEMPIC (PA, QL)	
TRUE COMFORT PRO INS SYRINGE	QTERN (QL, ST)	
TRUEPLUS INSULIN SYRINGE	RYBELSUS (PA, QL)	
ULTICARE SYRINGE	SOLIQUA 100-33	
ULTICARE INSULIN SYRINGE	SYMLINPEN	
ULTRA COMFORT, FLO INSULIN SYRINGE	SYNJARDY (QL, ST)	
ULTRACARE INSULIN SYRINGE	SYNJARDY XR (QL, ST)	
ULTRA THIN SYRINGE	TRESIBA (QL)	
ULTRA-THIN II SYRINGE	TRIJARDY XR (ST, QL)	
	TRULICITY (PA,QL)	
	V-GO 20, 30, 40	
	XIGDUO XR (QL, ST)	
	XULTOPHY	
	ZEGALOGUE (QL)	

DIURETICS		
acetazolamide tablet	CAROSPIR (PA)	MAXZIDE
acetazolamide er capsule	DIURIL	
bumetanide tablet	KERENDIA (PA, QL)	
chlorthalidone		
eplerenone		
furosemide solution, tablet		
hydrochloro-thiazide		
spironolactone		
triamterene-hctz		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
EAR MEDICATIONS		
ciprofloxacin-dexamethasone	CIPRO HC	CIPRODEX
neomycin-polymyxin		CIPROFLOXACIN-FLUOCINOLONE
b-hydrocortisone		CORTISPORIN-TC
ofloxacin		DERMOTIC
		OTOVEL

ERECTILE DYSFUNCTION		
sildenafil (QL)	MUSE (QL)	CIALIS (QL, ST)
tadalafil (QL)		STENDRA (QL, ST)
vardefafil (QL)		VIAGRA (QL, ST)

EYE CONDITIONS		
bepotastine	AZASITE	ACUVAIL
bimatoprost (QL)	BESIVANCE	ALREX
brimonidine	BETIMOL	ILEVRO
brimonidine tartrate-timolol	BETOPTIC S	LOTEMAX
brinzolamide	BROMSITE	NEVANAC
ciprofloxacin	CEQUA	PROLENSA
cyclosporine	EYSUVIS (QL)	RHOPRESSA
difluprednate	FLAREX	ROCKLATAN
dorzolamide-timolol	FML FORTE 0.25% EYE DROPS	TOBRADEX
erythromycin	FML S.O.P. 0.1% OINTMENT	TOBRADEX EYE DROPS
fluorometholone	FLAREX	ZIRGAN
ketorolac solution	INVELTYS	ZYLET
latanoprost	LOTEMAX 0.5% EYE OINTMENT, 0.38% OPHTH GEL	
loteprednol	SIMBRINZA	
moxifloxacin eye drops	TOBRADEX ST	
neomycin-polymyxin b-dexamethasone	XIIDRA	
ofloxacin	ZERVIAE	
polymyxin b sulfate-trimethoprim		
prednisolone		
timolol		
tobramycin		
tobramycin-dexamethasone		
travoprost		

FEMININE PRODUCTS		
GYNAZOLE 1		
miconazole 3 200 mg		
terconazole		

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN		
ANUCORT-HC balsalazide constulose dexlansoprazole dr (QL) dicyclomine capsule, solution, tablet dronabinol esomeprazole 20 mg capsule, 40 mg capsule, packets (QL) famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet GAVILYTE-C+ GAVILYTE-G+ GLYCOPYRROLATE HEMMOREX-HC hydrocortisone lansoprazole (QL) lactulose lubiprostone mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet 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	CLENPIQ+ DEXILANT (QL) LINZESS LITHOSTAT NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE SUTAB+ TRULANCE VIBERZI	APRISO BONJESTA CANASA CARAFATE CUVPOSA CYTOTEC DICLEGIS HYOSCYAMINE LEVBIID LEVSIN LEVSIN-SL MOTOFEN MOVANTIK (PA) NULEV PREVACID DR 30 MG CAPSULE (QL, ST) PROTONIX (ST, QL) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont.)		
rabeprazole tablet (QL) scopolamine sucralfate		
HORMONAL AGENTS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) dexamethasone intensol DOTTI (QL) estradiol (QL) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol- norethindrone EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxy- progesterone methyl- prednisolone millipred MIMVEY norethindrone NP THYROID prednisolone odt prednisolone sodium phosphate prednisolone prednisone intensol testosterone (PA, QL) testosterone cypionate YUVAFEM (QL)	ANDRODERM (PA, QL) COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL MEDROL 2 MG TABLET MYFEMBREE (PA,QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CRINONE 4% (PA) CYTOMEL DEPO- TESTOSTERONE EVAMIST INTRAROSA (QL) MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) OSPHENA (QL) PROMETRIUM RAYALDEE TESTOPEL (PA) TRIOSTAT UNITHROID

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet	CIPRO	AEMCOLO (QL)
albendazole	EURAX 10% CREAM	ALINIA
amoxicillin	FIRVANQ	ANCOBON
amoxicillin-clavulanate er	LAGEVRIO (EUA)	BACTRIM
amoxicillin-clavulanate	(QL)	BACTRIM DS
atovaquone	PAXLOVID (QL)	BAXDELA (PA)
atovaquone-proguanil	XIFAXAN (QL)	BICILLIN L-A
AVIDOXY		CIPRO 250, 500 MG TABLET
azithromycin packet, suspension, tablet		CLEOCIN HCL
cefadroxil		CLEOCIN PEDIATRIC
cefdinir		CLEOCIN 100 MG VAGINAL OVULE
cefpodoxime		CLEOCIN 2% VAGINAL CREAM
cefuroxime tablet		DIFICID (QL)
cephalexin		e.e.s. 400
ciprofloxacin		ELIMITE
clarithromycin		ERYPED 200
clarithromycin er		ERY-TAB DR
clindamycin		EURAX 10% LOTION
clindamycin (pediatric)		FLAGYL
coremino (QL)		HIPREX
coremino er (QL)		MACROBID
dapsone tablets		MACRODANTIN
doxycycline capsule, tablet		MALARONE (PA)
doxycycline monohydrate		MONUROL
EMVERM		NATROBA
erythromycin		PLAQUENIL (PA)
erythromycin ethylsuccinate		posaconazole suspension
famciclovir		PREVYMIS TABLET*
fluconazole		PRIFTIN
flucytosine		posaconazole suspension
fosfomycin		SIVEXTRO (PA)
tromethamine		SKLICE
hydroxy-chloroquine		sulfatrim
itraconazole 10 mg/ml solution, 100 mg/10ml cup, 100 mg capsule		TAMIFLU (QL)
levofloxacin solution, tablet		URIBEL
		VALTRES
		VFEND (PA)
		VFEND IV
		XENLETA 600mg tablet (PA, QL)
		XOFLUZA (QL)
		ZITHROMAX
		ZITHROMAX TRI-PAK

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont.)		
methenamine		ZYVOX SUSPENSION, TABLET (PA)
metronidazole gel, capsule, tablet		
minocycline		
minocycline er (QL)		
mondoxylene nl		
nitazoxanide		
nitrofurantoin		
nitrofurantoin monohydrate-macrocrystal		
nystatin suspension, tablet		
oseltamivir (QL)		
penicillin v potassium		
permethrin 5% cream		
posconazole tablet		
sulfamethoxazole-trimethoprim suspension, tablet		
terbinafine		
tetracycline		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		
voriconazole (PA)		
INFERTILITY		
	CRINONE 8%^ (PA)	
	ENDOMETRIN^	
MISCELLANEOUS		
acamprosate	ACCU-CHEK	ADDYI (QL)
ACCU-CHEK	SAFE-T-PRO 23G	AIMSCO+ (QL)
FASTCLIX LANCET	LANCETS	CONDOMS+ (QL)
DRUM	ACCU-CHEK	DUREX AVANTI
ACCU-CHEK	MULTICLIX	BARE REAL FEEL+ (QL)
SOFTCLIX	LANCETS	FANTASY+ (QL)
DROPLET LANCETS	CERDELGA* (PA)	FORA GTEL KETONE TEST STRIP
MICROLET	STRENSIQ* (PA)	GOJJI BLOOD KETONE TEST STRIP
ONETOUCH DELICA		HYPERSAL
ONETOUCH		KETONE CARE TEST STRIP
LANCETS		
sodium chloride inhalation vial, irrigation solution vial		

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

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

TECHLITE LANCETS		KETONE TEST STRIP KETOSTIX REAGENT KIMONO+ (QL) KIMONO MAXX+ (QL) KIMONO MICROTHIN AQUA LUBE+ (QL) KIMONO MICROTHIN+ (QL) KIMONO TEXTURED+ (QL) NOVAMAX PLUS NUEDEXTA (QL) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA TRUEPLUS KETONE TEST STRIP TRUSTEX CONDOM+ (QL) TRUSTEX LATEX CONDOM+ (QL) TRUSTEX+ (QL) TRUSTEX-RIA+ (QL)
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NUTRITIONAL/DIETARY

betaine*	CITRANATAL 90	ACCRUFER
calcitriol	DHA	AURYXIA (QL)
cyanocobalamin injection	CITRANATAL	CITRANATAL
dodex	ASSURE	BLOOM
fluoride+	CITRANATAL	DRISDOL
folic acid 400 mcg, 800 mcg, 0.4 mg, 0.8 mg+	B-CALM	FLORIVA+
folitab 500+	CITRANATAL DHA	INFUVITE ADULT
klor-con	CITRANATAL	K-TAB ER
KLOR-CON 8 MEQ TABLET	HARMONY	PERRY PRENATAL+
KLOR-CON 10 MEQ TABLET	LOKELMA	PHOSLYRA
lanthanum	NEEVO DHA	POLY-VI-FLOR WITH IRON+
MONOFERRIC (PA)	OB COMPLETE DHA	POLY-VI-FLOR+
MULTI-VITAMIN W-FLUORIDE- IRON+	OB COMPLETE ONE	POTASSIUM CL 2 MEQ/ML CONCENTRATE
MULTIVITAMIN WITH FLUORIDE+	PETITE	PRENATAL FORMULA-DHA+
	OB COMPLETE	PRENATE
	PREMIER	QUFLOLA
	PRENATE	PEDIATRIC 1 MG CHEWABLE TABLET+
	CHEWABLE	
	PRENATE DHA	
	PRENATE ELITE	
	PRENATE ENHANCE	

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

MULTIVITAMIN- IRON-FLUORIDE sevelamer taron-prex prenatal TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	PRENATE ESSENTIAL PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE TRI-VI-FLOR+ VELPHORO VELTASSA	POTASSIUM CHLORIDE QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ ML DROP+ ROCALTROL
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OSTEOPOROSIS PRODUCTS

alendronate raloxifene+ risedronate risedronate dr		ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) BONIVA (ST) EVISTA FOSAMAX (ST)
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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA)	AIMOVIG (PA)	ANALPRAM HC
allopurinol tablet	AJOVY (PA)	ARAVA
baclofen tablet	BELBUCA (QL)	BUPRENEX9PA0
buprenorphine patch (QL)	EMGALITY (PA)	BUTRANS (QL)
butalbital- acetaminophen- caffeine (QL)	FLECTOR (PA, QL)	CELEBREX (QL, ST)
carisoprodol	HYSINGLA ER (PA)	EC-NAPROSYN (ST)
celecoxib (QL)	LICART (PA, QL)	FEXMID
colchicine 0.6 mg	MITIGARE	GABLOFEN
cyclobenzaprine	NUCYNTA (PA)	LAZANDA (PA)
diclofenac 1% gel (QL)	NURTEC ODT (PA, QL)	MEPHYTON
diclofenac dr	PROCTOFOAM-HC	NAPROSYN (ST)
diclofenac ec	QULIPTA (PA, QL)	NUCYNTA ER (PA)
EC-NAPROXEN	OTREXUP (PA)	OXAYDO (PA)
ECOTRIN EC 81 MG TABLET+	REDITREX (PA)	PERCOCET (PA)
eletriptan (QL)	SAVELLA	PROCORT
ENDOCET (PA)	TRUDHESA (PA, QL)	ROBAXIN
febuxostat (QL)	UBRELVY (PA, QL)	ROXYBOND (PA)
fentanyl patch (PA)	XTAMPZA ER (PA)	ZANAFLEX
frovatriptan (QL)	ZTLIDO	ZEBUTAL (QL)
GLYDO		ZOHYDRO ER (PA)
hydromorphone (PA)		ZYLOPRIM
hydromorphone er (PA)		

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

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

hydrocodone-acetaminophen (PA)		
IBU		
ibuprofen		
indomethacin		
indomethacin er		
ketorolac		
tromethamine (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine 5% patch		
lidocaine-prilocaine		
lidocaine viscous		
meloxicam tablet		
metaxalone		
methocarbamol		
morphine (PA)		
morphine er (PA)		
nabumetone		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan succinaproxen sod (QL)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		

PARKINSON'S DISEASE

benztropine tablet		AZILECT (QL)
carbidopa-levodopa		MIRAPEX ER (QL)
carbidopa-levodopa er		NEUPRO
pramipexole (QL)		OSMOLEX ER (QL)
		RYTARY
		SINEMET 10-100

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PARKINSON'S DISEASE (cont.)

pramipexole er (QL)		SINEMET 25-100
rasagiline (QL)		TASMAR
ropinirole er		XADAGO (ST)
ropinirole		

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

aripiprazole (QL)	ABILIFY MAINTENA (QL)	ARISTADA (QL)
aripiprazole odt		ARISTADA INITIO
asenapine		CAPLYTA (QL,ST)
clozapine		CLOZARIL (ST)
clozapine odt		FANAPT (QL, ST)
chlorpromazine tablet		INVEGA (QL, ST)
olanzapine tablet		INVEGA SUSTENNA (QL)
olanzapine odt		INVEGA TRINZA (QL)
paliperidone er (QL)		PERSERIS (QL)
quetiapine		REXULTI (QL, ST)
quetiapine er		RISPERDAL (ST)
risperidone		RISPERDAL CONSTA (QL)
risperidone odt		SAPHRIS (ST)
ziprasidone tablet		SECUADO (ST)
		SEROQUEL (ST)
		SEROQUEL XR (ST)
		VRAYLAR (QL, ST)
		ZYPREXA RELPREVV (QL)

SEIZURE DISORDERS

carbamazepine	FYCOMPA (PA, QL)	APTIOM (PA, QL)
carbamazepine er	NAYZILAM (PA, QL)	BANZEL (PA, QL)
clonazepam		BRIVIACT (PA)
divalproex		CARBATROL (PA)
divalproex er		DEPAKOTE (PA)
EPITOL		DEPAKOTE ER (PA)
gabapentin		DEPAKOTE
lacosamide		SPRINKLE (PA)
lamotrigine		DIASTAT (PA)
lamotrigine (blue)		FYCOMPA (PA, QL)
lamotrigine (green)		KLONOPIN (PA)
lamotrigine (orange)		LYRICA ORAL SOLUTION (PA)
lamotrigine er		NEURONTIN (PA)
lamotrigine odt		OXTELLAR XR (PA)
lamotrigine odt (blue, green, orange)		PHENYTEK (PA)
		SPRITAM (PA)
		TEGRETOL (PA)

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin capsule, solution ROWEEPRA rufinamide (PA, QL) SUBVENITE SUBVENITE (BLUE, GREEN, ORANGE) topiramate topiramate er		TEGRETOL XR (PA) VALTOCO (PA, QL) VIMPAT 200 MG/20 ML VIAL XCOPRI (PA, QL)

SKIN CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AC CUTANE adapalene (PA age) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid betamethasone diprop augmented betamethasone dipropionate BP 10-1 calcipotriene 0.005% solution, cream, ointment calcipotriene-betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS clindamycin 1% foam, gel, lotion, pledget, solution clindamycin-benzoyl peroxide clindamycin-tretinoin CLOCORTOLONE PIVALATE clobetasol CLODAN	DROPSAFE PREP PADS EUCRISA (ST) NAFTIN PICATO SANTYL (QL)	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BRYHALI (ST) calcipotriene foam CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DRYSOL EFUDEX EVOCLIN OPZELURA (PA) PLEXION PRAMOSONE 2.5%-1% LOTION, CREAM REGRANEX (PA, QL) TEMOVATE (ST) TWYNEO VECTICAL (QL) XEPI OPZELURA (PA) PLEXION PRAMOSONE 2.5%-1% LOTION, CREAM REGRANEX (PA, QL) TEMOVATE (ST) TWYNEO VECTICAL (QL)

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
clotrimazole- betamethasone dapsone 5% gel, 7.5% gel pump fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole MYORISAN NEUAC GEL pimecrolimus ROSDAN sodium sulfacetamide- sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream tretinoin (PA age) TRIDERM ZENATANE		XEPI

SLEEP DISORDERS/SEDATIVES

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
armodafinil (PA) doxepin (QL) eszopiclone modafinil (PA) temazepam zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	

SMOKING CESSATION²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion sr+ 150 mg tablet	NICOTROL NS+ NICOTROL+	APO-VARENICLINE 0.5 MG, 1 MG CHANTIX^ (PA) NICODERM CQ+ VARENICLINE

SUBSTANCE ABUSE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
buprenorphine- naloxone naltrexone hcl (QL)	LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	KLOXXADO (QL) SUBOXONE ZIMHI (QL)

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	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	ELMIRON K-PHOS ORIGINAL	FLOMAX PROSCAR PYRIDIDIUM 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+ DENG VAXIA+ 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+
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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.		
		M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID (6M-5Y) VACC(EUA)+ MODERNA COVID (12Y UP) VAC(EUA)+ NOVAVAX COVID-19 VACC,ADJ(EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M- 4Y) VACC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID (12Y UP) VAC(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+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+

Cigna Healthcare Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
VITAMINS		
		POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+
WEIGHT MANAGEMENT		
megestrol suspension		

Specialty medications

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Medications are listed alphabetically by the condition they treat. Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

AIDS/HIV

abacavir-lamivudine** (PA)
APRETUDE*+ (PA)
atazanavir** (PA)
ATRIPLA** (PA)
BIKTARVY** (QL)
CABENUVA* (PA)
CIMDUO** (PA)
COMPLERA** (PA, QL)
DELSTRIGO** (PA,QL)
DESCOVI**+ (PA)
DOVATO**
efavirenz-emtricitabine-
tenofovir** (QL)
emtricitabine-tenofovir**+
etravirine**
EVOTAZ** (PA)
GENVOYA** (QL)
ISENTRESS**
ISENTRESS HD** (PA)
JULUCA** (QL)
ODEFSEY** (PA, QL)
PREZCOBIX** (PA)
PREZISTA**
ritonavir**
RUKOBIA** (PA,QL)
SELZENTRY** (PA)
STRIBILD** (PA, QL)
SYMFI**
SYMFI LO**
SYMTUZA** (QL)
SYNAGIS* (PA)
TEMIXYS** (PA)

tenofovir** (PA)
TIVICAY**
TRIUMEQ** (QL)
TRUVADA** (PA)
VIREAD** (PA)

Anxiety/Depression/ Bipolar Disorder

NUPLAZID** (PA)

Asthma/COPD/Respiratory

ADCIRCA** (PA)
ADEMPAS** (PA)
alyq** (PA)
ARALAST NP* (PA)
BRONCHITOL** (PA)
FASENRA* (PA)
GLASSIA* (PA)
KALYDECO** (PA, QL)
LETAIRIS** (PA)
NUCALA* (PA)
OFEV** (PA)
OPSUMIT** (PA)
ORENITRAM ER** (PA)
ORKAMBI** (PA, QL)
PROLASTIN C* (PA)
PULMOZYME** (PA)
REMODULIN* (PA)
REVATIO** (PA)
SYMDEKO** (PA, QL)
tadalafil** (PA)
TEZSPIRE* (PA)
TRACLEER** (PA)
treprostinil* (PA)

TYVASO REFILL KIT** (PA)
UPTRAVI** (PA)
XOLAIR* (PA)

Blood Modifiers/ Bleeding Disorders

ADVATE* (PA)
ADYNOVATE* (PA)
AFSTYLA* (PA)
AMICAR**
aminocaproic acid**
ARANESP* (PA)
CABLIVI* (PA)
CYKLOKAPRON*
CORLANOR** (PA)
DOPTELET* (PA)
ELOCTATE* (PA)
EMPAVELI* (PA)
EPOGEN* (PA)
ESPEROCT* (PA)
FULPHILA* (PA)
GRANIX* (PA)
HEMLIBRA* (PA)
JIVI* (PA)
KOGENATE FS* (PA)
KOVALTRY* (PA)
LYSTEDA**
MIRCERA* (PA)
NEULASTA* (PA)
NEULASTA ONPRO* (PA)
NEUPOGEN* (PA)
NIVESTYM*
NOVOEIGHT* (PA)
NUWIQ* (PA)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Blood Modifiers/ Bleeding Disorders (Cont.)

NYVEPRIA* (PA)
PROCRT* (PA)
PROMACTA** (PA)
RECOMBINATE* (PA)
RETACRIT* (PA)
SOLIRIS* (PA)
TAVALISSE** (PA)
tranexamic acid**
UDENYCA* (PA)
ULTOMIRIS* (PA)
XYNTHA* (PA)
XYNTHA SOLOFUSE* (PA)
ZARXIO*
ZIEXTENZO* (PA)

Blood Pressure/ Heart Conditions

BERINERT*
CINRYZE* (PA)
HAEGARDA* (PA)
KALBITOR* (PA)
NORTHERA** (PA)
ORLADEYO* (PA, QL)
RELEUKO* (PA)
RUCONEST* (PA)
SAJAZIR* (PA)
TAKHZYRO* (PA)

Blood Thinners/ Anti-Clotting

ARIXTRA* (QL)
enoxaparin* (QL)
fondaparinux* (QL)
fondaparinux sodium* (QL)

FRAGMIN* (QL)
LOVENOX* (QL)

Cancer

abiraterone** (PA)
ACTIMMUNE* (PA)
AFINITOR** (PA)
AFINITOR DISPERZ** (PA)
ALECENSA** (PA, QL)
ALUNBRIG** (PA, QL)
AYVAKIT** (PA, QL)
bexarotene** (PA)
BOSULIF** (PA, QL)
BRUKINSA** (PA, QL)
CABOMETYX** (PA)
CALQUENCE* (PA)
capecitabine** (PA)
COMETRIQ** (PA, QL)
COTELLIC** (PA)
ELIGARD*
ERIVEDGE** (PA)
ERLEADA** (PA)
EVEROLIMUS** (PA, QL)
EXKIVITY** (PA)
GAVRETO** (PA, QL)
HERCEPTIN* (PA)
IBRANCE** (PA, QL)
ICLUSIG** (PA, QL)
imatinib** (QL)
IMBRUVICA** (PA, QL)
INLYTA** (PA)
JAKAFI** (PA, QL)
KAJINITI* (PA)
KISQALI** (PA)
KISQALI FEMARA CO-PACK** (PA)
lenalidomide** (PA, QL)
LENVIMA** (PA)
LONSURF** (PA)
LORBRENA** (PA, QL)
LUMAKRAS** (PA, QL)
LYNPARZA** (PA, QL)
MEKINIST** (PA, QL)
MEKTOVI** (PA, QL)
MVASI* (PA)
NERLYNX** (PA)
NEXAVAR** (PA, QL)
NINLARO** (PA, QL)
NUBEQA** (PA)
ODOMZO** (PA)
OGIVRI* (PA)
ONTRUZANT* (PA)
ORGOVYX** (PA)
PHESGO* (PA)
PIQRAY** (PA)
POMALYST** (PA, QL)
PURIXAN**
RETEVMO** (PA, QL)
REVLIMID** (PA, QL)
RIABNI* (PA)
ROZLYTREK** (PA)
RUBRACA** (PA, QL)
RUXIENCE* (PA)
SPRYCEL** (PA, QL)
STIVARGA** (PA, QL)
SUTENT** (PA, QL)
TAFINLAR** (PA, QL)
TAGRISSO** (PA)
TALZENNA** (PA, QL)
TARGRETIN** (PA)
TASIGNA** (PA, QL)
TEMODAR** (PA)
temozolomide** (PA)
TIBSOVO** (PA)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Cancer (Cont.)

TRAZIMERA* (PA)
TRELSTAR*
TYKERB** (PA)
UKONIQ** (PA,QL)
VENCLEXTA** (PA)
VERZENIO** (PA)
VITRAKVI** (PA)
VIZIMPRO** (PA)
VOTRIENT** (PA)
WELIREG** (PA,QL)
XALKORI** (PA, QL)
XELODA** (PA)
XTANDI** (PA)
YONSA** (PA)
ZEJULA** (PA, QL)
ZELBORAF** (PA)
ZIRABEV* (PA)

Contraceptive Products

KYLEENA**+
MIRENA*+
NEXPLANON*+
SKYLA**+

Diabetes

KORLYM** (PA)

Diuretics

JYNARQUE** (PA)
SAMSCA**

Eye Conditions

CYSTARAN** (PA, QL)
DURYSTA** (PA)
ENTYVIO* (PA)
LUCENTIS** (PA)
OXERVATE** (PA)

Gastrointestinal/Heartburn

alosetron**
CHOLBAM** (PA)
CINACALCET**
GATTEX* (PA)
OCALIVA** (PA)
RAVICTI** (PA)
SUCRAID** (PA)
VOWST** (PA, QL)
XERMELO** (PA)

Hormonal Agents

ACTHAR GEL* (PA)
AVEED*
BYNFEZIA* (PA)
CETROTIDE*^ (PA)
CORTROPHIN* (PA)
desmopressin ampule, vial*
EGRIFTA* (PA)
EMFLAZA** (PA)
FENSOLVI* (PA)
FORTEO* (PA, QL)
FYREMADEL*^ (PA)
GANIRELIX^
GENOTROPIN* (PA)
HUMATROPE* (PA)
INCRELEX* (PA)
LANREOTIDE* (PA)
LUPANETA PACK** (PA)
LUPRON DEPOT* (PA)
LUPRON DEPOT-PED* (PA)
NATPARA* (PA)
OMNITROPE* (PA)
SANDOSTATIN* (PA)
SANDOSTATIN LAR DEPOT* (PA)
SEROSTIM* (PA)
SIGNIFOR LAR* (PA)
SKYTROFA* (PA, QL)

SOMATULINE DEPOT* (PA)
SOMAVERT* (PA)
SUPPRELIN LA** (PA)
teriparatide* (PA, QL)
THYROGEN*
TRIPTODUR* (PA)
ZORBIVE* (PA)

Infections

ARIKAYCE** (PA)
BARACLUDGE** (PA, QL)
CAYSTON** (PA, QL)
DARAPRIM** (PA)
entecavir** (QL)
EPCLUSA** (PA, QL)
HARVONI** (PA, QL)
KITABIS PAK** (PA, QL)
ledipasvir-sofosbuvir** (PA, QL)
LIVTENCITY** (PA,QL)
MAVYRET** (PA, QL)
NUZYRA** (PA, QL)
PEGASYS* (PA)
PREVYMIS**
sofosbuvir-velpatasvir** (PA, QL)
SOVALDI** (PA, QL)
SYNAGIS* (PA)
THALOMID** (PA)
TOBI PODHALER** (PA, QL)
tobramycin 300 mg/5ml ampule**
(PA, QL)
VEMLIDY**
VIEKIRA PAK** (PA,QL)
VOSEVI** (PA, QL)
ZEPATIER** (PA, QL)

Infertility

chorionic gonadotropin*^ (PA)
FOLLISTIM AQ*^ (PA)

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Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Infertility (Cont.)

GONAL-F[^] (PA)
GONAL-F RFF[^] (PA)
GONAL-F RFF REDI-JECT[^] (PA)
hydroxyprogesterone caproate*
(PA)
MAKENA* (PA)
MENOPUR[^] (PA)
NOVAREL[^] (PA)
OVIDREL[^] (PA)
PREGNYL[^] (PA)

Miscellaneous

AUSTEDO^{**} (PA)
BOTOX* (PA)
CERDELGA^{**} (PA)
CEREZYME* (PA)
deferiprone^{**} (PA)
DYSPORT* (PA)
ELAPRASE*
ESBRIET^{**} (PA)
EXJADE^{**} (PA)
FERRIPROX^{**} (PA)
GALAFOLD^{**} (PA)
HIZENTRA*
INGREZZA^{**} (PA, QL)
JADENU^{**} (PA)
JADENU SPRINKLE^{**} (PA)
KUVAN^{**} (PA)
LUMIZYME* (PA)
MYALEPT* (PA)
NITYR^{**} (PA)
ORFADIN^{**} (PA)
PALYNZIQ* (PA)
RADICAVA* (PA)
RADICAVA ORS^{**} (PA,QL)

sapropterin^{**} (PA)
SPINRAZA* (PA)
STRENSIQ* (PA)
SYPRINE^{**} (PA)
TEGSEDI* (PA)
tetrabenazine^{**} (PA)
TIGLUTIK^{**} (PA)
trientine^{**} (PA)
VIMIZIM* (PA)
VIVITROL*
VOXZOGO* (PA)
VYLEESI* (PA, QL)

Multiple Sclerosis

AVONEX* (PA)
BAFIERTAM^{**} (PA)
BETASERON* (PA)
dimethyl fumarate^{**}
EXTAVIA* (PA)
FIRDAPSE^{**} (PA, QL)
GILENYA^{**} (PA)
glatiramer*
GLATOPA*
KESIMPTA PEN* (PA)
MAVENCLAD^{**} (PA)
MAYZENT^{**} (PA)
OCREVUS* (PA)
PLEGRIDY* (PA)
PONVORY^{**} (PA)
REBIF* (PA)
REBIF REBIDOSE* (PA)
TYSARBI* (PA)
VUMERITY DR^{**} (PA)
ZEPOSIA^{**} (PA)

Nutritional/Dietary

BETAINE^{**}

Osteoporosis Products

BONIVA*
EVENITY (2 SYRINGES)* (PA,QL)
EVENITY* (PA,QL)
ibandronate syringe, vial*
PROLIA* (PA)
TYMLOS* (PA, QL)
XGEVA*

Pain Relief and Inflammatory Disease

ACTEMRA* (PA, QL)
ACTEMRA ACTPEN* (PA, QL)
ADALIMUMAB-ADAZ* (CF) (PA, QL)
ARCALYST (PA)
AVSOLA* (PA)
BENLYSTA* (PA)
CIMZIA* (PA, QL)
COSENTYX (2 SYRINGES)* (PA, QL)
COSENTYX SENSOREADY (2 PENS)*
(PA, QL)
COSENTYX SENSOREADY PEN*
(PA,QL)
COSENTYX SYRINGE* (PA, QL)
CYLTEZO* (PA, QL)
DEPEN^{**} (PA, QL)
DUPIXENT* (PA)
DUROLANE* (PA)
ENBREL* (PA, QL)
ENSPRYNG* (PA)
EUFLEXXA* (PA)
GEL-ONE* (PA)
GELSYN-3* (PA)
GENVISC 850* (PA)
HYRIMOZ* (PA, QL)
HUMIRA (PA, QL)
HYALGAN* (PA)

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Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4.

Pain Relief and Inflammatory Disease (Cont.)

HYMOVIS* (PA)
ILARIS* (PA)
ILUMYA* (PA, QL)
INFLECTRA* (PA)
KEVZARA* (PA, QL)
KINERET* (PA, QL)
MONOVISC* (PA)
OLUMIANT** (PA, QL)
ORENCIA* (PA, QL)
ORTHOVISC* (PA)
OTEZLA** (PA, QL)
penicillamine** (PA, QL)
RENFLEXIS* (PA)
RINVOQ ER** (PA, QL)
SILIQ* (PA, QL)
SIMPONI* (PA, QL)
SIMPONI ARIA* (PA)
SKYRIZI* (PA, QL)
STELARA* (PA, QL)
SUPARTZ FX* (PA)
SYNVISC* (PA)
TALTZ* (PA, QL)
TREMFA* (PA, QL)
TRILURON* (PA)
TRIVISC* (PA)
VISCO-3* (PA)
XELJANZ** (PA, QL)
XELJANZ XR** (PA, QL)
XIAFLEX*

Parkinson's Disease

APOKYN* (PA)
DUOPA**

INBRIJA** (PA)
NOURIANZ** (PA, QL)

Seizure Disorders

EPIDIOLEX** (PA)
vigabatrin**
vigadrone**

Skin Conditions

ADBRY* (PA)
CIBINQO** (PA, QL)
VALCHLOR**

Sleep Disorders/Sedatives

HETLIOZ** (PA)
WAKIX** (PA, QL)
XYREM** (PA, QL)
XYWAV* (PA, QL)

Substance Abuse

SUBLOCADE*

Transplant Medications

ASTAGRAF XL**
azathioprine**
CELLCEPT**
ENVARUS XR**
IMURAN**
mycophenolate**
mycophenolic acid**
MYFORTIC**
RAPAMUNE**
REZUROCK** (PA)
sirolimus**
tacrolimus capsule**

ZORTRESS**

Urinary Tract Conditions

CYSTAGON**
THIOLA**

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Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

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," 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 cost⁶
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁷
- 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 cost⁶
- 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](https://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](https://mycigna.com) App or [myCigna.com](https://mycigna.com), or call Customer Service using the number on your ID card.
3. Prices shown on [myCigna](https://mycigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://mycigna.com) 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](https://mycigna.com) App or [myCigna.com](https://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](https://mycigna.com) App or [myCigna.com](https://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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).