



Cigna Healthcare Standard 3-Tier Prescription Drug List

Coverage as of January 1, 2024

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

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

Questions?

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

* Drug list created: originally created 01/01/2004

Last updated: 11/01/2023, for changes starting 01/01/2024

Next planned update: 03/01/2024, for changes starting 07/01/2024

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Standard 3-Tier Prescription Drug List as of January 1, 2024. Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a full list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Healthcare Standard 3-Tier Prescription Drug List.

| 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) ORLISSA (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 Standard 3-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

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

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Oral specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, specialty medications have an asterisk (*) next to them.

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them.

Some plans may cover certain non-covered medications

Plans can choose to offer coverage of certain medications, products and/or drug classes that aren't typically covered. In this drug list, these medications/products have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com** to see if your plan covers them.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

| Condition | Page | Condition | Page |
|---|--------|--------------------------------------|--------|
| AIDS/HIV | 6 | GASTROINTESTINAL/HEARTBURN | 12, 13 |
| ALLERGY/NASAL SPRAYS | 6 | HORMONAL AGENTS | 13 |
| ALZHEIMER'S DISEASE | 6 | INFECTIONS | 14 |
| ANXIETY/DEPRESSION/ BIPOLAR DISORDER | 6 | INFERTILITY | 14 |
| ASTHMA/COPD/RESPIRATORY | 6, 7 | MISCELLANEOUS | 14, 15 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 7 | MULTIPLE SCLEROSIS | 15 |
| BLOOD MODIFIERS/BLEEDING DISORDERS | 7 | NUTRITIONAL/DIETARY | 15 |
| BLOOD PRESSURE/HEART MEDICATIONS | 7, 8 | OSTEOPOROSIS PRODUCTS | 15 |
| BLOOD THINNERS/ANTI-CLOTTING | 8 | PAIN RELIEF AND INFLAMMATORY DISEASE | 16 |
| CANCER | 8 | PARKINSON'S DISEASE | 16 |
| CHOLESTEROL MEDICATIONS | 9 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | 16, 17 |
| CONTRACEPTION PRODUCTS | 9, 10 | 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 | 12 | TRANSPLANT MEDICATIONS | 18 |
| ERECTILE DYSFUNCTION | 12 | URINARY TRACT CONDITIONS | 18 |
| EYE CONDITIONS | 12 | VACCINES | 18, 19 |
| FEMININE PRODUCTS | 12 | VITAMINS | 19 |
| | | WEIGHT MANAGEMENT | 19 |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|---|--|
| AIDS/HIV | | |
| efavirenz- emtricitabine- tenofovir* (QL) emtricitabine- tenofovir 200-300 mg*+ etravirine* ritonavir* tenofovir* (PA) | BIKTARVY* (QL) DESCOVY 200-25 MG TABLET*+ (PA) DOVATO* (QL) GENVOYA* (QL) ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL) PREZISTA* SYMTUZA* (QL) TIVICAY PD* TIVICAY* TRIUMEQ* (QL) TRIUMEQ PD* (QL) | APRETUDE*+ (PA) CABENUVA*^ (PA) CIMDUO* (PA) COMPLERA* (PA, QL) DELSTRIGO* (PA,QL) ODEFSEY* (PA, QL) PIFELTRO* (PA) PREZCOBIX* (PA) RUKOBIA* (PA,QL) STRIBILD* (PA, QL) |

| ALLERGY/NASAL SPRAYS | | |
|---|--|--|
| azelastine azelastine- fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine dihydrochloride mometasone (QL) olopatadine phenylephrine hcl promethazine solution, syrup, tablet | | CLARINEX GASTROCROM GRASTEK (PA, QL) ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE PHENERGAN RAGWITEK (PA, QL) VISTARIL |

| ALZHEIMER'S DISEASE | | |
|---|---------------------------------|--|
| donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine venlafaxine er (QL) venlafaxine (QL) | NAMENDA 5-10 MG TITRATION PK | ARICEPT EXELON MESTINON NAMENDA 5 MG TABLET NAMENDA 10 MG TABLET NAMENDA XR (QL) NAMZARIC (QL) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|---|
| ANXIETY/DEPRESSION/BIPOLAR DISORDER² | | |
| alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone clomipramine duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone | | DESVENLAFAXINE ER (QL, ST) EMSAM (QL) FETZIMA (QL, ST) NUPLAZID* (PA) SPRAVATO* (PA) TRINTELLIX (QL, ST) XANAX XANAX XR |

| ASTHMA/COPD/RESPIRATORY | | |
|--|--|--|
| albuterol alyq* (PA) ambrisentan* (PA) budesonide (QL) budesonide- formoterol (QL) fluticasone- salmeterol (QL) fluticasone- salmeterol (QL) ipratropium- albuterol montelukast tadalafil 20mg tablet* (PA) wixela inhub (QL) | ADEMPAS* (PA) ADVAIR HFA (QL) ALVESCO ANORO ELLIPTA (QL) ASMANEX (QL) ASMANEX HFA (QL) ATROVENT HFA (QL) BREO ELLIPTA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) FASENRA PEN* (PA) INCRUSE ELLIPTA NUCALA* (PA) OFEV* (PA) | ADCIRCA* (PA) AIRDUO DIGIHALER (QL, ST) BRONCHITOL* (PA) BUDESONIDE- FORMOTEROL (QL) DALIRESP (QL) KALYDECO* (PA, QL) LETAIRIS* (PA) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PULMICORT RESPULES (QL) SINGULAIR TRIKAFTA* (PA, QL) TYVASO REFILL KIT* (PA) |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

ASTHMA/COPD/RESPIRATORY (cont.)

| | | |
|--|-----------------------|--|
| | OPSUMIT* (PA) | |
| | PULMOZYME* (PA) | |
| | QVAR REDIHALER | |
| | SPIRIVA | |
| | HANDIHALER (QL) | |
| | SPIRIVA RESPIMAT (QL) | |
| | STIOLTO RESPIMAT (QL) | |
| | STRIVERDI | |
| | RESPIMAT (QL) | |
| | TEZSPIRE* (PA, QL) | |
| | TRACLEER* (PA) | |
| | TRELEGY ELLIPTA (QL) | |
| | UPTRAVI* (PA) | |
| | XOLAIR* (PA) | |

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

| | | |
|--|------------------|-------------------------|
| amphetamine (PA) | MYDAYIS (PA, QL) | ADDERALL (PA, ST) |
| atomoxetine (QL) | | ADZENYS XR-ODT (PA, QL) |
| dexmethylphenidate (PA, QL) | | AZSTARYS (PA, ST, QL) |
| dexmethylphenidate er (PA, QL) | | DAYTRANA (PA, QL) |
| guanfacine er | | DYANAVAL XR (PA, QL) |
| methylphenidate er 10-60 mg cap (PA, QL) | | EVEKEO ODT (PA) |
| methylphenidate cd (PA, QL) | | FOCALIN (PA, ST) |
| methylphenidate er (PA, QL) | | METHYLIN (PA) |
| methylphenidate er (cd) (PA, QL) | | QUILLICHEW ER (PA, QL) |
| methylphenidate er (la) (PA, QL) | | QUILLIVANT XR (PA, QL) |
| methylphenidate la (PA, QL) | | RITALIN (PA, ST) |
| | | VYVANSE (PA, QL) |

BLOOD MODIFIERS/BLEEDING DISORDERS

| | | |
|-------------------------|--------------------------------|-----------------------------|
| amiodarone tablet | ADYNOVATE* [^] (PA) | ADVATE* [^] (PA) |
| tranexamic acid 650 mg* | AFSTYLA* [^] (PA) | AVALIDE (ST) |
| | ARANESP* [^] (PA) | DOPTELET* (PA) |
| | DROXIA | FULPHILA* (PA) |
| | ELOCTATE* [^] (PA) | GRANIX* [^] (PA) |
| | EMPAVELI* (PA) | HEMLIBRA* (PA) |
| | EPOGEN* [^] (PA) | MIRCERA* [^] (PA) |
| | ESPEROCT* [^] (PA) | NEUPOGEN* [^] (PA) |
| | JIVI* [^] (PA) | NUWIQ* [^] (PA) |
| | KOGENATE FS* [^] (PA) | PROMACTA* (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

| | | |
|--|------------------------------|--------------------------------|
| | KOVALTRY* [^] (PA) | RECOMBINATE* [^] (PA) |
| | NEULASTA* (PA) | SIKLOS (PA) |
| | NIVESTYM* [^] (PA) | TAVALISSE* (PA) |
| | NOVOEIGHT* [^] (PA) | XYNTHA |
| | NYVEPRIA* (PA) | SOLOFUSE* [^] (PA) |
| | PROCRT* [^] (PA) | XYNTHA* [^] (PA) |
| | RETACRIT* [^] (PA) | ZIEXTENZO* (PA) |
| | UDENYCA* (PA) | |
| | ZARXIO* [^] | |

BLOOD PRESSURE/HEART MEDICATIONS

| | | |
|----------------------------|-------------------|-------------------------------------|
| amiodarone hcl | CORLANOR* (PA) | ALTACE (ST) |
| amlodipine | ENTRESTO (QL) | AVAPRO (ST) |
| amlodipine-benazepril | NORLIQVA (PA, QL) | AVALIDE (ST) |
| amlodipine-olmesartan (QL) | TEKTURNA HCT (QL) | BIDIL (QL) |
| amlodipine-valsartan | VERQUVO (PA, QL) | CALAN SR |
| atenolol | | CARDIZEM LA (QL) |
| benazepril | | CARDURA |
| bisoprolol | | CATAPRES-TTS 1 |
| bisoprolol-hctz | | CATAPRES-TTS 2 |
| candesartan | | CATAPRES-TTS 3 |
| cartia xt | | COZAAR (ST) |
| carvedilol | | DIOVAN (ST) |
| carvedilol er (QL) | | DIOVAN HCT (ST) |
| clonidine | | EPANED |
| diltiazem 12hr er | | EXFORGE HCT |
| diltiazem 24hr er | | HAEGARDA* (PA) |
| diltiazem 24hr er (cd) | | HYZAAR (ST) |
| diltiazem 24hr er (la) | | LOTENSIN (ST) |
| diltiazem 24hr er (xr) | | MICARDIS (QL, ST) |
| diltiazem | | MICARDIS HCT (QL, ST) |
| DILT-XR | | MINIPRESS |
| dofetilide (QL) | | NITROSTAT |
| droxidopa* | | NORTHERA* (PA) |
| enalapril | | NORVASC |
| flecainide | | ORLADEYO* (PA, QL) |
| guanfacine | | PACERONE 100 mg, 400 mg tablet (PA) |
| hydralazine tablet | | PROCARDIA XL |
| icatibant* (PA) | | RELEUKO* [^] (PA) |
| irbesartan | | RUCONEST* [^] (PA) |
| irbesartan-hctz | | TAKHZYRO* PA |
| labetalol tablet | | TEKTURNA (QL) |
| lisinopril | | TIAZAC |
| lisinopril-hctz | | TIKOSYN (PA, QL) |
| losartan | | VALSARTAN 4 MG/ML SOLUTION (ST) |
| | | VERELAN |
| | | VERELAN PM |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD PRESSURE/HEART MEDICATIONS (cont.)

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|----------------------------|----------------|------------------|
| metoprolol | | ZESTORETIC (ST) |
| metyrosine (PA) | | ZESTRIL (ST) |
| nadolol | | |
| nebivolol | | |
| nifedipine | | |
| nifedipine er | | |
| olmesartan (QL) | | |
| olmesartan-amlodipine-hctz | | |
| olmesartan-hctz (QL) | | |
| pacerone 200 mg tablet | | |
| prazosin | | |
| propranolol tablet | | |
| propranolol er | | |
| ramipril | | |
| ranolazine er (QL) | | |
| sajazir* (PA) | | |
| taztia xt | | |
| telmisartan (QL) | | |
| telmisartan-hctz (QL) | | |
| tiadylt er | | |
| valsartan 40mg | | |
| valsartan 80mg | | |
| valsartan 160mg | | |
| valsartan 320mg | | |
| valsartan-hctz | | |
| verapamil er | | |
| verapamil er pm | | |
| verapamil tablet | | |
| verapamil sr | | |

BLOOD THINNERS/ANTI-CLOTTING

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---------------------------|----------------|------------------|
| clopidogrel | BRILINTA | ARIXTRA* (QL) |
| enoxaparin* (QL) | ELIQUIS (PA) | LOVENOX* (QL) |
| fondaparinux sodium* (QL) | FRAGMIN* (QL) | PLAVIX |
| jantoven | XARELTO (PA) | SAVAYSA (PA, QL) |
| prasugrel | | |
| warfarin | | |

CANCER

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|----------------------|--------------------|--------------------|
| abiraterone* (PA) | ALECENSA* (PA, QL) | ALUNBRIG* (PA, QL) |
| anastrozole+ | BRUKINSA* (PA, QL) | ARIMIDEX |
| capecitabine* (PA) | CABOMETYX* (PA) | AROMASIN |
| everolimus* (PA, QL) | CALQUENCE* (PA) | AYVAKIT* (PA, QL) |
| exemestane+ | ERIVEDGE* (PA) | BOSULIF* (PA, QL) |
| | | BRAFTOVI* (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CANCER (cont.)

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|------------------------|-------------------------------|----------------------------------|
| hydroxyurea | ERLEADA* (PA) | COMETRIQ* (PA QL) |
| imatinib* (QL) | GLEOSTINE | COTELLIC* (PA) |
| lenalidomide* (PA, QL) | IMBRUVICA* (PA, QL) | EXKIVITY* (PA) |
| letrozole | LYNPARZA* (PA, QL) | GAVRETO* (PA, QL) |
| mercaptopurine | NUBEQA* (PA) | IBRANCE* (PA, QL) |
| methotrexate | REVLIMID* (PA, QL) | ICLUSIG* (PA, QL) |
| tamoxifen+ | RUBRACA* (PA, QL) | INLYTA* (PA) |
| temozolomide* (PA) | SPRYCEL* (PA, QL) | JAKAFI* (PA, QL) |
| | TREXALL | KISQALI* (PA, QL) |
| | VENCLEXTA* (PA) | KISQALI FEMARA CO-PACK* (PA, QL) |
| | VENCLEXTA STARTING PACK* (PA) | LENVIMA* (PA) |
| | VERZENIO* (PA, QL) | LONSURE* (PA) |
| | XTANDI* (PA) | LORBRENA* (PA, QL) |
| | ZEJULA* (PA, QL) | LUMAKRAS* (PA, QL) |
| | | MEKINIST* (PA, QL) |
| | | MEKTOVI* (PA, QL) |
| | | NERLYNX* (PA) |
| | | NINLARO* (PA, QL) |
| | | ODOMZO* (PA) |
| | | ORGOVYX* (PA) |
| | | PHESGO*^ (PA) |
| | | PIQRAY* (PA) |
| | | POMALYST* (PA, QL) |
| | | PURIXAN* |
| | | ROZLYTREK* (PA) |
| | | RETEVMO* (PA, QL) |
| | | SCEMBLIX* (PA, QL) |
| | | STIVARGA* (PA, QL) |
| | | TAFINLAR* (PA, QL) |
| | | TAGRISSE* (PA) |
| | | TALZENNA* (PA, QL) |
| | | TASIGNA* (PA, QL) |
| | | TIBSOVO* (PA) |
| | | TUKYSA* (PA) |
| | | VENCLEXTA* (PA) |
| | | VENCLEXTA STARTING PACK* (PA) |
| | | VITRAKVI* (PA) |
| | | VIZIMPRO* (PA) |
| | | WELIREG* (PA, QL) |
| | | XALKORI* (PA, QL) |
| | | XATMEP |
| | | XELODA* (PA) |
| | | XOSPATA* (PA) |
| | | XTANDI* (PA) |
| | | ZELBORAF* (PA) |

Cigna Healthcare Standard 3-Tier Prescription Drug List

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

| CONTRACEPTION PRODUCTS | | |
|--|-------------------------------|---|
| afirmelle+ altavera+ alyacen+ amethia+ amethyst+ apri+ aranelle+ ashlyna+ aubra eq+ aubra+ aurovela 24 fe+ aurovela fe+ aurovela+ aviane+ ayuna+ azurette+ balziva+ blisovi 24 fe+ blisovi fe+ briellyn+ camila+ camrese lo+ camrese+ caya contoured+ caziant+ charlotte 24 fe+ chateal eq+ chateal+ cryselle+ | LO LOESTRIN FE NEXPLANON*+ | ANNOVERA BALCOLTRA BEYAZ ELLA+ KYLEENA*+ layolis fe+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE MIRENA*+ NATAZIA NEXTSTELLIS NUVARING PARAGARD T 380- A*+ SAFYRAL SKYLA*+ SLYND TAYTULLA TWIRLA+ TYBLUME YASMIN 28 YAZ |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|------------------|
| CONTRACEPTION PRODUCTS (cont.) | | |
| cyred eq+ cyred+ dasetta+ daysee+ deblitane+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol-ethinyl estradiol+ dolishale+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ elinest+ eluryng+ enpresse+ enskyce+ errin+ estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel- ethinyl estradiol+ falmina+ gemmily+ hailey 24 fe+ hailey fe+ hailey+ heather+ iclevia+ incassia+ isibloom+ jaimiess+ jasmiel+ jencycla+ jolessa+ juleber+ junel fe 24+ junel fe+ junel+ kaitlib fe+ kalliga+ kariva+ kelnor 1-35+ kelnor 1-50+ kurvelo+ | | |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTION PRODUCTS (cont.)

larin 24 fe+
 larin fe+
 larin+
 leena+
 lessina+
 levonest+
 levonorgestrel-
 ethinyl estradiol+
 levora-28+
 lojaimiess+
 loryna+
 low-ogestrel+
 lo-zumandimine+
 luter+
 lyleq+
 lyza+
 marlissa+
 MEDROXY-
 PROGESTERONE+
 merzee+
 MICROGETIN 24
 FE+
 microgestin fe+
 microgestin+
 mili+
 mono-lynyah+
 necon+
 nikki+
 nora-be+
 norethindrone+
 norethindrone-
 ethinyl estradiol-
 iron+
 norethindrone-
 ethinyl estradiol+
 norethindrone-
 ethinyl estradiol-
 ferrous fumarate
 norgestimate-
 ethinyl estradiol+
 nortrel+
 nylia+
 nymyo+
 ocella+
 philith+
 pimtrea+
 pirmella+

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTION PRODUCTS (cont.)

portia+
 reclipen+
 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+
 vienva+
 viorele+
 volnea+
 vyfemla+
 vylibra+
 wera+
 wide seal
 diaphragm+
 wymzya fe+
 xulane+
 zafemy+
 zovia 1-35+
 zumandimine+

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

COUGH/COLD MEDICATIONS

| | | |
|------------------------------------|--|--|
| brompheniramine-pseudoephedrine-dm | | HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL) |
| hydrocodone-chlorpheniramine (PA) | | |
| promethazine-dm | | |

DENTAL PRODUCTS

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

DIABETES

| | | |
|----------------------------|--|-------------------------------------|
| ACCU-CHEK | BAQSIMI (QL) | CEQR |
| ACCUTREND GLUCOSE CONTROL | BYDUREON (PA, QL) | CYCLOSET |
| ASSURE ID INSULIN SAFETY | BYETTA (PA, QL) | GVOKE (QL) |
| BD INSULIN SYRINGE | DEXCOM G6 RECEIVER (PA, QL) | KORLYM* (PA) |
| BD LANCETS | DEXCOM G6 SENSOR (PA, QL) | KETONE-GLUC KIT |
| BD PEN NEEDLE | DEXCOM G6 TRANSMITTER (PA, QL) | RIOMET |
| CARETOUCH INSULIN SYRINGE | DROPLET | RIOMET ER |
| CEQR SIMPLICITY INSERTER | DROPSAFE | ULTIGUARD SAFE |
| COMFORT EZ INSULIN SYRINGE | FARXIGA (QL, ST) | 0.3, 1ML 30G 12.7MM |
| CONTOUR SOLUTION | FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) | ULTIGUARD SAFEPACK 0.3, 1ML 31G 8MM |
| | FREESTYLE LIBRE 2 SENSOR (PA, QL) | |
| | GLUCAGEN (QL) | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

DIABETES (cont.)

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

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|------------------|
| DIABETES (cont.) | | |
| TRUE COMFORT PRO INS SYRINGE TRUE METRIX LEVEL 1, 2, 3 CONTROL SOLUTION TRUEPLUS SYRINGE TRUETRACK BLOOD GLUCOSE SYSTEM ULTIGUARD SAFE 0.5ML 30G 12.7MM ULTIGUARD SAFEPK 0.5ML 31G 8MM ULTILET PEN NEEDLE ULTRACARE INSULIN SYRINGE ULTRAFINE PEN NEEDLE ULTRA COMFORT ULTRA FLO INSULIN SYRINGE VANISHPOINT INSULIN SYRINGE VEO INSULIN SYRINGE | | |

| DIURETICS | | |
|--|---|---------------------------|
| ACETAZOLAMIDE TABLET ACETAZOLAMIDE ER CAPSULE BUMETANIDE TABLET chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone triamterene-hctz | CAROSPIR DIURIL KERENDIA (PA, QL) | JYNARQUE* (PA) MAXZIDE |

| EAR MEDICATIONS | | |
|--|----------|---|
| ciprofloxacin- dexamethasone neomycin- polymyxin b-hydrocortisone ofloxacin | CIPRO HC | CIPRODEX CIPROFLOXACIN HCL- FLUOCINOLONE CORTISPORIN-TC DERMOTIC OTOVEL |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|--|
| ERECTILE DYSFUNCTION | | |
| sildenafil^ (QL) tadalafil^ (QL) vardenafil^ (QL) | MUSE^ (PA age, QL) | CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST) |
| EYE CONDITIONS | | |
| bepotastine bimatoprost (QL) brimonidine brimonidine tartrate-timolol brinzolamide ciprofloxacin cyclosporine difluprednate dorzolamide- timolol erythromycin fluorometholone ketorolac solution latanoprost loteprednol moxifloxacin eye drops neomycin- polymyxin b-dexamethasone ofloxacin polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone travoprost | AZASITE BESIVANCE BETOPTIC S BROMSITE EYSUVIS (QL) FLAREX FML S.O.P. 0.1% OINTMENT INVELTYS LOTEMAX 0.5% EYE OINTMENT LOTEMAX SM SIMBRINZA TOBRADEX EYE OINTMENT TOBRADEX ST XIIDRA ZERVIAE | ACUVAIL ALREX CEQUA CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) ILEVRO NEVANAC OXERVATE* (PA) PROLENSA RHOPRESSA ROCKLATAN TRUSOPT ZIRGAN ZYLET |

| FEMININE PRODUCTS | | |
|---|--|--|
| GYNAZOLE 1 miconazole 3 200 mg terconazole | | |

| GASTROINTESTINAL/HEARTBURN | | |
|--|---|--|
| ANUCORT-HC balsalazide cinacalcet* constulose dexlansoprazole dr (QL) | CLENPIQ+ ENTYVIO*^ (PA) LINZESS LITHOSTAT NEXIUM DR 2.5 MG PACKET (QL) | APRISO BONJESTA CANASA CARAFATE CHOLBAM* (PA) CUVPOSA |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|---|
| GASTROINTESTINAL/HEARTBURN (cont.) | | |
| 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+ HEMMOREX-HC hydrocortisone lansoprazole (QL) lubiprostone mesalaminex mesalamine dr mesalamine er metoclopramide solution, tablet misoprostol omeprazole (QL) ondansetron ondansetron odt pantoprazole suspension, tablet (QL) peg 3350-electrolyte+ PEG3350-SODIUM SULFATE-SODIUM CHLORIDE-POTASSIUM CHLORIDE-SODIUM ASCORBATE-ASCORBIC ACID+ PEG-PREP+ prochlorperazine tablet promethazine promethgan rabeprazole tablet (QL) scopolamine sucralfate | NEXIUM DR 5 MG PACKET (QL) PANCREAZE SUTAB+ TRULANCE VIBERZI | CYTOTEC DICLEGIS GATTEX* (PA) LEVBIID ER LEVSIN 0.125 MG TABLET LEVSIN-SL MOTOFEN MOVANTIK (PA) NULEV OCALIVA* (PA) PREVACID DR 30 MG CAPSULE (QL, ST) PROTONIX (ST, QL) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE VOWST* (PA, QL) XERMELO* (PA) |

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

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|-----------------------------|-------------------------------|
| INFECTIONS | | |
| acyclovir capsule, suspension, tablet | BARACLUDE SOLUTION* | AEMCOLO (QL) |
| albendazole | SOLUTION* | ALINIA |
| amoxicillin | CIPRO 5, 10% SUSPENSION | ANCOBON |
| amoxicillin-clavulanate er | CLEOCIN 75 MG CAPSULE | ARIKAYCE* (PA) |
| amoxicillin-clavulanate | e.e.s. 400 | BACTRIM |
| atovaquone | EPCLUSA* (PA, QL) | BACTRIM DS |
| atovaquone-proguanil | ERY-TAB DR 333 MG TABLET | BAXDELA 450 MG TABLET (PA) |
| AVIDOXY | EURAX 10% CREAM | CAYSTON* (PA, QL) |
| azithromycin packet, suspension, tablet | FIRVANQ | CIPRO 250, 500 MG TABLET |
| cefadroxil | HARVONI* (PA, QL) | CLEOCIN 150 MG CAPSULE |
| cefdinir | LAGEVRIO (EUA) (QL) | CLEOCIN 300 MG CAPSULE |
| cefepodoxime | PAXLOVID (QL) | CLEOCIN PEDIATRIC |
| cefuroxime tablet | PEGASYS* (PA) | CLEOCIN 100 MG VAGINAL OVULE |
| cephalexin | SOVALDI* (PA, QL) | CLEOCIN 2% VAGINAL CREAM |
| ciprofloxacin | THALOMID* (PA) | DARAPRIM* (PA) |
| clarithromycin | TOBI PODHALER* (PA, QL) | DIFICID (QL) |
| clarithromycin er | VEMLIDY* | ELIMITE |
| clindamycin | VIBRAMYCIN 50 MG/5 ML SYRUP | ERYPED 200 |
| clindamycin (pediatric) | VOSEVI* (PA, QL) | ERY-TAB DR 250 MG TABLET |
| COREMINO ER (QL) | XIFAXAN (QL) | ERY-TAB DR 500 MG TABLET |
| dapsone tablets | | EURAX 10% LOTION |
| doxycycline monohydrate | | FLAGYL |
| EMVERM | | FOLLISTIM*^ (PA) |
| entecavir* (QL) | | HIPREX |
| erythromycin | | KITABIS PAK* (PA, QL) |
| erythromycin ethylsuccinate | | LIVTENCITY* (PA,QL) |
| famciclovir | | MACROBID |
| fluconazole | | MACRODANTIN |
| flucytosine | | MALARONE (PA) |
| fosfomycin | | MONUROL |
| hydroxy-chloroquine | | NATROBA |
| itraconazole | | NUZYRA 150 MG TABLET* (PA,QL) |
| levofloxacin solution, tablet | | PLAQUENIL (PA) |
| methenamine | | posaconazole suspension |
| metronidazole gel, capsule, tablet | | PREVYMIS TABLET* |
| minocycline | | PRIFTIN |
| minocycline er tablet (QL) | | SIVEXTRO 200 MG TABLET (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|---|
| INFECTIONS (cont.) | | |
| mondoxylene nl | | SKLICE |
| nitazoxanide | | sulfatrim |
| nitrofurantoin | | TAMIFLU (QL) |
| nitrofurantoin monohydrate-macrocrystal | | URIBEL |
| nystatin suspension, tablet | | VALTREX |
| oseltamivir (QL) | | VFEND SUSPENSION, TABLET (PA) |
| penicillin v potassium cream | | VIEKIRA PAK* (PA,QL) |
| permethrin 5% cream | | XENLETA (PA, QL) |
| posconazole tablet | | XOFLUZA (QL) |
| sulfamethoxazole-trimethoprim suspension, tablet | | ZEPATIER* (PA, QL) |
| terbinafine | | ZITHROMAX |
| tetracycline | | ZITHROMAX TRI-PAK |
| tobramycin ampule* (PA, QL) | | ZYVOX SUSPENSION, TABLET (PA) |
| valacyclovir | | |
| valganciclovir | | |
| vancomycin capsule, solution | | |
| vandazole | | |
| voriconazole suspension, tablet (PA) | | |
| INFERTILITY | | |
| clomiphene ^ | CRINONE 8% [^] ENDOMETRIN [^] GONAL-F* [^] (PA) MENOPUR* [^] (PA) NOVAREL* OVIDREL* [^] (PA) PREGNYL* [^] (PA) | CHORIONIC GONADOTROPIN 10,000 UNIT VIAL* [^] (PA) FOLLISTIM AQ* [^] (PA) |
| MISCELLANEOUS | | |
| acamprosate | ACE AEROSOL CLOUD ENHANCER (QL) | ADDYI [^] (PA, QL) |
| ACCU-CHEK DRUM | AEROCHAMBER MINI (QL) | AUSTEDO* (PA) |
| ACCU-CHEK MULTICLIX LANCETS | AEROCHAMBER MV (QL) | BERINERT* [^] (PA) |
| ACCU-CHEK SAFE-T-PRO 23G LANCETS | AEROCHAMBER PLUS FLOW-VU (QL) | BRISDELLE (QL) |
| | | CINRYZE* [^] (PA) |
| | | EVRYSDI* (PA) |
| | | GALAFOLD* (PA) |
| | | HAEGARDA* (PA) |
| | | HYPER-SAL |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

MISCELLANEOUS (cont.)

| | | |
|---|--|---|
| ACCU-CHEK SOFTCLIX LANCETS cinacalcet* deferiprone* (PA) DROPLET LANCETS FORA GTEL KETONE TEST STRIP GOJJI BLOOD KETONE TEST STRIP KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT MICROLET ONETOUCH LANCETS POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA sapropterin* (PA) sodium chloride inhalation vial, irrigation solution vial TECHLITE LANCETS TRUEPLUS KETONE TEST STRIP | AEROCHAMBER Z-STAT PLUS (QL) AEROTRACH PLUS (QL) AEROVENT PLUS (QL) BREATHRITE (QL) CERDELGA* (PA) CLEVER CHOICE HOLDING CHAMBER (QL) COMPACT SPACE CHAMBER (QL) EASIVENT (QL) EMPAVELI* (PA) FLEXICHAMBER (QL) MICROCHAMBER (QL) NITYR* (PA) OPTICHAMBER DIAMOND (QL) POCKET CHAMBER (QL) PROCARE SPACER WITH CHILD MASK (QL) RITEFLO (QL) SPACE CHAMBER (QL) SPACE CHAMBER- MEDIUM MASK (QL) SPACE CHAMBER- SMALL MASK (QL) STRENSIQ* (PA) VORTEX (QL) VORTEX VHC FROG MASK (QL) VORTEX VHC LADYBUG MASK (QL) | INGREZZA INITIATION PACK* (PA, QL) INGREZZA* (PA) MYALEPT* (PA) NOVAMAX PLUS NUEDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) PRO COMFORT SPACER WITH MASK (QL) RADICAVA ORS* (PA,QL) RUCONEST*^ (PA) TEGSEDI* (PA) TIGLUTIK* (PA) VOXZOGO* (PA) VYLEESI*^ (PA, QL) VYNDAMAX* (PA, QL) VYNDAQEL* (PA, QL) |
|---|--|---|

MULTIPLE SCLEROSIS

| | | |
|--|--|--|
| dalfampridine er* (PA) dimethyl fumarate* glatiramer acetate* glatopa* | AVONEX* (PA) BAFIERTAM* (PA) BETASERON* (PA) KESIMPTA PEN* (PA) MAYZENT* (PA) | FIRDAPSE* (PA, QL) MAVENCLAD* (PA) PONVORY* (PA) |
|--|--|--|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

MULTIPLE SCLEROSIS (cont.)

| | | |
|--|---|--|
| | PLEGRIDY PEN* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA) | |
|--|---|--|

NUTRITIONAL/DIETARY

| | | |
|--|---|--|
| betaine anhydrous* cyanocobalamin injection dodex fluoride+^ folic acid 1mg tablet^ klor-con KLOR-CON 8 MEQ KLOR-CON 10 MEQ KLOR-CON M10 TABLET lanthanum MULTI-VITAMIN-W- FLUORIDE-IRON+ potassium chloride 10%, capsule, packet, tablet sevelamer sodium fluoride+^ taron-prex prenatal^ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+ | CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX FLORIVA CHEWABLE TABLET+ LOKELMA NEEVO DHA^ OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER OB COMPLETE WITH DHA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE^ PRIMACARE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP QUFLORA PEDIATRIC 0.5 MG/ ML DROP+ TRI-VI-FLOR+ VELPHORO VELTASSA | ACCRUFER^ AURYXIA (QL) CITRANATAL BLOOM^ DRISDOL^ K-TAB ER MEPHYTON^ OB COMPLETE^ PRENATAL FORMULA-DHA+ ROCALTROL^ |
|--|---|--|

OSTEOPOROSIS PRODUCTS

| | | |
|---|-------------------------------------|---|
| alendronate ibandronate 150 mg table alendronate | FORTEO* (PA,QL) TYMLOS* (PA, QL) | ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) BONIVA (ST) |
|---|-------------------------------------|---|

Cigna Healthcare Standard 3-Tier Prescription Drug List

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

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|------------------|------------------------------|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont.) | | |
| metaxalone | | SIMPONI* 50MG/0.5ML (PA, QL) |
| methocarbamol | | ZANAFLEX |
| MORPHINE (PA) | | ZEBUTAL (QL) |
| MORPHINE ER (PA) | | ZOXYDRO ER (PA) |
| nabumetone | | |
| NALOCET (PA) | | |
| oxycodone (PA) | | |
| oxycodone er (PA) | | |
| oxycodone-acetaminophen (PA) | | |
| penicillamine* (PA, QL) | | |
| PROLATE TABLET (PA) | | |
| rizatriptan (QL) | | |
| sumatriptan (QL) | | |
| sumatriptan succ-naproxen sod (QL) | | |
| SUPARTZ FX* (PA) | | |
| tramadol 50 mg tablet (QL) | | |
| tramadol er (QL) | | |
| TRIVISC* (PA) | | |
| VANADOM | | |
| PARKINSON'S DISEASE | | |
| benztropine tablet | | AZILECT (QL) |
| carbidopa-levodopa | | DUOPA* |
| carbidopa-levodopa er | | INBRIJA* (PA) |
| pramipexole | | MIRAPEX ER (QL) |
| pramipexole er (QL) | | NEUPRO |
| rasagiline (QL) | | NOURIANZ* (PA, QL) |
| ropinirole er | | OSMOLEX ER (QL) |
| ropinirole | | RYTARY |
| | | SINEMET |
| | | TASMAR |
| | | XADAGO (ST) |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS² | | |
| aripiprazole (QL) | LATUDA (QL) | CAPLYTA (QL,ST) |
| aripiprazole odt | REXULTI (QL, ST) | CLOZARIL (ST) |
| asenapine | | FANAPT (QL, ST) |
| chlorpromazine tablet | | INVEGA (QL, ST) |
| clozapine | | RISPERDAL (ST) |
| clozapine odt | | SAPHRIS (ST) |
| olanzapine tablet | | SECUADO (ST) |
| olanzapine odt | | SEROQUEL (ST) |
| | | SEROQUEL XR (ST) |

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SCHIZOPHRENIA/ANTI-PSYCHOTICS² (cont.)

| | | |
|----------------------|--|------------------|
| paliperidone er (QL) | | VRAYLAR (QL, ST) |
| quetiapine | | |
| quetiapine er | | |
| risperidone | | |
| risperidone odt | | |
| ziprasidone tablet | | |

SEIZURE DISORDERS

| | | |
|--------------------------------|-----------------------------|--------------------------------------|
| carbamazepine | DILANTIN 30 MG CAPSULE (PA) | APTIOM (PA,QL) |
| carbamazepine er | FYCOMPA (PA,QL) | BANZEL (PA, QL) |
| clonazepam | NAYZILAM (PA, QL) | BRIVIACT 10 MG/ML ORAL SOLUTION (PA) |
| divalproex | | BRIVIACT TABLET (PA) |
| divalproex er | | CARBATROL (PA) |
| EPITOL | | DEPAKOTE (PA) |
| gabapentin | | DEPAKOTE ER (PA) |
| lacosamide | | DEPAKOTE SPRINKLE (PA) |
| lamotrigine | | DIASTAT (PA) |
| lamotrigine (blue) | | DILANTIN 100 MG CAPSULE (PA) |
| lamotrigine (green) | | EPIDIOLEX* (PA) |
| lamotrigine (orange) | | FINTEPLA* (PA) |
| lamotrigine er | | KLONOPIN (PA) |
| lamotrigine odt (blue) | | LYRICA ORAL SOLUTION (PA) |
| lamotrigine odt (green) | | NEURONTIN (PA) |
| lamotrigine odt (orange) | | OXTELLAR XR (PA) |
| levetiracetam solution, tablet | | PHENYTEK (PA) |
| levetiracetam er | | SPRITAM (PA) |
| pregabalin capsule, solution | | TEGRETOL XR (PA) |
| ROWEEPRA | | VALTOCO (PA, QL) |
| rufinamide (PA, QL) | | XCOPRI (PA, QL) |
| SUBVENITE | | |
| SUBVENITE (BLUE) | | |
| SUBVENITE (GREEN) | | |
| SUBVENITE (ORANGE) | | |
| topiramate | | |
| topiramate er | | |
| vigabatrin* | | |
| vigadrone* | | |

SKIN CONDITIONS

| | | |
|----------------------------|-------------------|----------------------------|
| ACCUTANE | ADBRY* (PA) | ANALPRAM HC |
| adapalene (PA age) | CIBINQO* (PA, QL) | 2.5%-1% LOTION |
| adapalene-benzoyl peroxide | DRYSOL | AVAR 9.5-5% CLEANSING PADS |
| | EUCRISA (ST) | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SKIN CONDITIONS (cont.)

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

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SKIN CONDITIONS (cont.)

SSS 10-5
SULFACLEANSE 8-4
tacrolimus ointment
tazarotene 0.1% cream
tretinoin (PA age)
TRIDERM
ZENATANE

SLEEP DISORDERS/SEDATIVES

| | | |
|---|-------------------------------------|--|
| armodafinil (PA) doxepin tablet (QL) eszopiclone modafinil (PA) temazepam zolpidem zolpidem er (QL) | DAYVIGO (QL, ST) SUNOSI (PA, QL) | HETLIOZ* (PA) HETLIOZ LQ* (PA) WAKIX* (PA, QL) XYREM* (PA, QL) XYWAV* (PA, QL) |
|---|-------------------------------------|--|

SMOKING CESSATION²

| | | |
|--|-----------------------------|--------------------------------|
| bupropion sr+^ varenicline starting month box+^ | NICOTROL NS+^ NICOTROL+^ | APO-VARENICLINE 0.5 MG TABLET^ |
|--|-----------------------------|--------------------------------|

SUBSTANCE ABUSE

| | | |
|---|--|------------------------|
| buprenorphine-naloxone naltrexone hcl (QL) | KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV | SUBOXONE ZIMHI (QL) |
|---|--|------------------------|

TRANSPLANT MEDICATIONS

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

| TIER 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 | CYSTAGON* ELMIRON K-PHOS ORIGINAL | FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL |
|--|---|--|

VACCINES

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

| | | |
|--|--|--|
| | ACTHIB+ ADACEL TDAP+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ 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+ M-M-R II VACCINE+ MODERNA COVID (6M-5Y) VACCINE (EUA)+ MODERNA COVID (12Y UP) VACCINE (EUA)+ | |
|--|--|--|

Cigna Healthcare Standard 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

VACCINES (cont.)

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

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|---|------------------|
| | MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID-19 VACCINE, ADJUVANTED (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M-4Y) VACCINE (EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+ | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

VITAMINS

| | | |
|--|--|--|
| | POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+ | |
|--|--|--|

WEIGHT MANAGEMENT

| | | |
|---------------------------------------|------------------|---|
| megestrol suspension phentermine ^ | WEGOVY^ (PA, QL) | CONTRAVE^ (PA) IMCIVREE*^ (PA,QL) QSYMIA^ (PA) SAXENDA^ (PA) |
|---------------------------------------|------------------|---|

Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. Why do you make changes to the drug list?

A. To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

Q. Why doesn't my plan cover certain medications?

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

There are also certain medications and products that cannot 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](https://www.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](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: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).