



Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Coverage as of January 1, 2024



What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Specialty medications	22
Frequently Asked Questions (FAQs)	25
Exclusions and limitations for coverage	29

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 Legacy (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 Legacy (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 Legacy (Performance) 4-Tier Prescription Drug List.

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; Specialty medications are listed on Tier 4 (pages 22-24)

Medications are listed in alphabetical order within each column

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

Brand-name medications are in all capital letters

Generic medications are in all lowercase letters

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 Legacy (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 22–24). 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	14
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	14, 15
ANXIETY/DEPRESSION/ BIPOLAR DISORDER	6	HORMONAL AGENTS	15, 16
ASTHMA/COPD/RESPIRATORY	6, 7	INFECTIONS	16, 17
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	INFERTILITY	17
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	17
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	17
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	17
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	17, 18
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	18
CONTRACEPTION PRODUCTS	8 -10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	18, 19
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	19
DENTAL PRODUCTS	10	SKIN CONDITIONS	19, 20
DIABETES	10 -13	SLEEP DISORDERS/SEDATIVES	20
DIURETICS	14	SMOKING CESSATION	20
EAR MEDICATIONS	14	SUBSTANCE ABUSE	20
ERECTILE DYSFUNCTION	14	URINARY TRACT CONDITIONS	20
EYE CONDITIONS	14	VACCINES	21
		VITAMINS	21
		WEIGHT MANAGEMENT	21

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

ALLERGY/NASAL SPRAYS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine azelastine- fluticasone cromolyn oral concentrate desloratadine (QL) epinephrine 0.3 mg auto-injector (QL) epinephrine auto- injector (QL) fluticasone- salmeterol hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine mometasone (QL) olopatadine promethazine solution, syrup, tablet		AUVI-Q (PA, QL) BECONASE AQ (ST) CLARINEX DYMISTA (ST) EPINEPHRINE 0.3 MG AUTO- INJECTOR (PA, QL) EPIPEN (PA, QL) GASTROCROM GRASSTEK (PA, QL) KARBINAL ER (PA) ODACTRA (PA, QL) OMNARIS (ST) ORALAIR (PA, QL) PATANASE PHENERGAN QNASL (ST) QNASL CHILDREN RAGWITEK (PA, QL) RYVENT (PA) SYMJEPI (PA, QL) VISTARIL XHANCE (ST) ZETONNA (ST)

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	MESTINON	ARICEPT EXELON MESTINON 60-180 MG TIMESPAN MESTINON TABLET NAMENDA NAMENDA XR (QL) NAMZARIC (QL) pyridostigmine 60 mg (PA,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) buspirone clomipramine		ANAFRANIL (PA) APLENZIN/ER (PA, QL) ATIVAN (PA) BUPROPION XL 450 MG (PA,QL) CELEXA (PA,QL) citalopram 30 MG (PA,QL) CYMBALTA (PA, QL)

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER²(cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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) trazodone venlafaxine (QL) venlafaxine er (QL)		DESVENLAFAXINE ER (PA,QL) DRIZALMA SPRINKLE (QL, ST) EFFEXOR XR (PA,QL) EMSAM (QL) FETZIMA (QL, ST) FORFIVO XL (PA, QL) LEXAPRO (PA, QL) LOREEV XR (PA, QL) PAMELOR (PA) PAXIL (PA,QL) PAXIL CR (PA,QL) PEXEVA (PA, QL) PRISTIQ (PA,QL) PROZAC (PA,QL) REMERON (PA) sertraline (PA, QL) TRINTELLIX (QL, ST) VIIBRYD (PA, QL) WELLBUTRIN SR (PA,QL) WELLBUTRIN XL (PA, QL) XANAX XANAX XR ZOLOFT (PA,QL)

ASTHMA/COPD/RESPIRATORY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
albuterol budesonide (QL) budesonide- formoterol (QL) fluticasone- salmeterol (QL) ipratropium- albuterol montelukast 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)	ADVAIR DISKUS (ST) AIRDUO (QL, ST) ALBUTEROL HFA 90 MCG INHALER (PA,QL) ARMONAIR DIGIHALER (ST) ARNUITY ELLIPTA (ST) BEVESPI AEROSPHERE (PA,QL) BUDESONIDE- FORMOTEROL (PA, QL) DALIRESP (QL) DUAKLIR PRESSAIR (PA,QL)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

ASTHMA/COPD/RESPIRATORY (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TRELEGY ELLIPTA (QL)	FLOVENT DISKUS (PA,QL) FLOVENT HFA (PA,QL) FLUTICASONE HFA (PA, QL) FLUTICASONE-SALMETEROL (PA,QL) LEVALBUTEROL HFA (PA, QL) PERFOROMIST (PA, QL) PROAIR (PA, QL) PROVENTIL HFA (PA, QL) PULMICORT FLEXHALER (PA) PULMICORT RESPULE (QL) SEREVENT DISKUS (QL,ST) SINGULAIR SYMBICORT (ST) TUDORZA PRESSAIR (ST) VENTOLIN HFA (PA, QL) XOPENEX HFA (PA, QL) YUPELRI (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL) guanfacine er methylphenidate er (la) (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL)	MYDAYIS (PA, QL)	ADDERALL (PA, ST) ADDERALL XR (PA, QL, ST) ADHANSIA XR (PA, ST, QL) ADZENYS XR-ODT (PA, QL) APTENSIO XR (PA, ST, QL) AZSTARYS (PA, QL, ST) CONCERTA (PA, ST, QL) COTEMPLA XR-ODT (PA, QL) DAYTRANA (PA, QL)

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER² (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		DYANAVAL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA, ST) FOCALIN XR (PA, ST, QL) INTUNIV (PA) JORNAY PM (PA, QL, ST) METHYLIN (PA) METHYLPHENIDATE ER (PA, QL) QELBREE (PA, QL) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RELEXXII (PA) RITALIN (PA, ST) RITALIN LA (PA, ST, QL) STRATTERA (PA, QL) VYVANSE (PA, QL)

BLOOD MODIFIERS/BLEEDING DISORDERS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	DROXIA	SIKLOS (PA)

BLOOD PRESSURE/HEART MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidin diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la)	ENTRESTO (QL) NORLIQVA (PA,QL) VERQUVO (PA, QL)	ALTACE (ST) ATACAND (PA) AVALIDE (ST) AVAPRO (ST) BETAPACE AF (PA) BIDIL (QL) BYSTOLIC (PA, QL) CALAN SR CARDIZEM (PA) CARDIZEM CD (PA) CARDIZEM LA (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CONJUPRI (PA) SENSI (PA, QL) COREG CR (PA, QL) CORGAR (PA) COZAAR (ST) DEMSEER (PA) DIOVAN (ST) DIOVAN HCT (ST) EDARBI (PA, QL)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
diltiazem 24hr er (xr)		EDARBYCLOR (PA)
diltiazem		EPANED
DILT-XR		EXFORGE (PA)
dofetilide (QL)		EXFORGE HCT
doxazosin		HEMANGEOL (PA)
enalapril		HYZAAR (ST)
flecainide		INDERAL LA (PA)
guanfacine		INDERAL XL (PA)
hydralazine tablet		INNOPRAN XL (PA)
irbesartan		KAPSPARGO
irbesartan-hctz		SPRINKLE (PA)
labetalol tablet		KATERZIA (PA,QL)
lisinopril		LOPRESSOR (PA)
lisinopril-hctz		LOTENSIN (ST)
losartan		LOTREL (PA)
losartan-hctz		MICARDIS (QL, ST)
matzim la		MICARDIS HCT (QL, ST)
metoprolol succinate		MINIPRESS
metoprolol		MULTAQ (PA)
metyrosine (PA)		NITROSTAT
nadolol		NORVASC
nebivolol (QL)		pacerone 100 mg, 400 mg (PA)
nifedipine		PRINIVIL (ST)
nifedipine er		PROCARDIA XL
olmesartan (QL)		QBRELIS (PA)
olmesartan-amlodipine-hctz		RANEXA (PA,QL)
olmesartan-hctz (QL)		SOTYLIZE
pacerone 200 mg		TEKTURNA (QL)
prazosin		TEKTURNA HCT (QL)
propranolol tablet		TENORETIC (PA)
propranolol er		TENORMIN (PA)
ramipril		TIAZAC
ranolazine er (QL)		TIKOSYN (PA, QL)
taztia xt		TOPROL XL (PA)
telmisartan (QL)		VALSARTAN (ST)
telmisartan-hctz (QL)		VASOTEC (PA)
tiadylt er		VERELAN
valsartan tablet		VERELAN PM
valsartan-hctz		ZESTORETIC (ST)
verapamil er		ZESTRIL (ST)
verapamil er pm		ZIAC (PA)
verapamil tablet		
verapamil sr		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD THINNERS/ANTI-CLOTTING (cont.)		
clopidogrel	BRILINTA	PLAVIX
jantoven	ELIQUIS (PA)	PRADAXA (PA)
prasugrel	XARELTO (PA)	SAVAYSA (PA,QL)
warfarin		
CANCER		
anastrozole+	GLEOSTINE	ARIMIDEX
exemestane+	TREXALL	AROMASIN
hydroxyurea		XATMEP
letrozole		
mercaptopurine		
methotrexate		
tamoxifen+		
CHOLESTEROL MEDICATIONS		
amlodipine-atorvastatin (QL)	NEXLETOL (PA, QL)	CADUET (QL)
atorvastatin 10mg, 20mg tablet+	NEXLIZET (PA, QL)	CRESTOR (PA, QL)
colesevelam	REPATHA (PA)	EZALLOR SPRINKLE (QL, ST)
ezetimibe	VASCEPA (PA)	FENOGLIDE (PA)
ezetimibe-simvastatin		FLOLIPID (ST)
fenofibrate		LIPITOR (PA)
fenofibric acid		LIPOFEN (ST)
fluvastatin+		LIVALO (PA, QL)
fluvastatin er+		LOVAZA (PA)
icosapent ethyl		PRALUENT (PA)
lovastatin 20mg, 40mg tablet+		ROSZET (PA)
omega-3 acid ethyl esters		simvastatin 20 mg/5 ml (ST)
pravastatin+		TRICOR (ST)
rosuvastatin (QL)		TRILIPIX (ST)
rosuvastatin 5mg, 10mg tablet+ (QL)		VYTORIN (ST)
simvastatin 80mg (QL)		ZETIA
simvastatin 10mg, 20mg, 40mg+		ZOCOR (PA)
		ZYPITAMAG (ST)
CONTRACEPTION PRODUCTS		
afirmelle+	LO LOESTRIN FE	ANNOVERA
altavera+		BALCOLTRA
alyacen+		BEYAZ
amethia+		CAYA
amethyst+		CONTOURED+
apri+		ELLA+
aranelle+		ESTROSTEP FE

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

CONTRACEPTION PRODUCTS (cont.)

ashlyna+		FEMCAP+
aubra+		layolis fe+
aubra eq+		LOESTRIN FE
aurovela+		MINASTRIN 24 FE
aurovela fe+		NATAZIA
aurovela 24 fe+		NEXTSTELLIS
aviane+		NUVARING
ayuna+		PHEXXI+ (PA)
azurette+		SAFYRAL
balziva+		SLYND
blisovi fe+		TAYTULLA
blisovi 24 fe+		TWIRLA+
briellyn+		TYBLUME
blisovi 24 fe+		VCF
briellyn+		CONTRACEPTIVE
camila+		FILM+
camrese+		WIDE SEAL
camrese lo+		DIAPHRAGM+
caziant+		YASMIN 28
charlotte 24 fe+		YAZ
chateal+		
chateal eq+		
cryselle+		
cyred+		
cyred eq+		
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+		

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

CONTRACEPTION PRODUCTS (cont.)

falmina+		
femynor+		
gemmily+		
hailey+		
hailey fe+		
hailey 24 fe+		
heather+		
iclevia+		
incassia+		
isibloom+		
jaimiess+		
jasmiel+		
jencycla+		
jolessa+		
juleber+		
junel+		
junel fe+		
junel fe 24+		
kaitlib fe+		
kalliga+		
kariva+		
kelnor 1-35+		
kelnor 1-50+		
kurvelo+		
larin+		
larin fe+		
larin 24 fe+		
leena+		
lessina+		
levonest+		
levonorgestrel- ethinyl estradiol+		
levora+		
lojaimiess+		
loryna+		
low-ogestrel+		
lo-zumandimine+		
luteru+		
lyleq+		
lyza+		
marlissa+		
medroxy- progesterone+		
merzee+		
microgestin+		
microgestin fe+		
microgestin 24 fe+		
mili+		
mono-linyah+		
necon+		

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

CONTRACEPTION PRODUCTS (cont.)

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+		
portia+		
reclipsen+		
rivelsa+		
setlakin+		
sharobel+		
simliya+		
simpesse+		
sprintec+		
sronyx+		
syeda+		
tarina fe+		
tarina fe 1-20 eq+		
tarina 24 fe+		
taysofy+		
tilia fe+		
tri femynor+		
tri-estarylla+		
tri-legest fe+		
tri-linyah+		
tri-lo-estarylla+		
tri-lo-marzia+		
tri-lo-mili+		
tri-lo-sprintec+		
tri-mili+		
tri-nymyo+		
tri-previfem+		
tri-sprintec+		
trivora+		
tri-vylibra lo+		

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

CONTRACEPTION PRODUCTS (cont.)

tri-vylibra+		
tulana+		
tydemy+		
velivet+		
vestura+		
vienva+		
viorele+		
volnea+		
vyfemla+		
vylibra+		
wera+		
wide seal diaphragm+		
wymzya fe+		
xulane+		
zafemy+		
zovia 1-35+		
zovia 1-35e+		
zumandimine+		

COUGH/COLD MEDICATIONS

benzonatate (PA)		HYCODAN (PA, QL)
brompheniramine-pseudoephed-dm		TUXARIN ER (PA,QL)
hydrocodone-chlorpheniramne er (PA)		TUZISTRA XR (PA, QL)
promethazine-dm		

DENTAL PRODUCTS

chlorhexidine		CLINPRO 5000
DENTA 5000 PLUS		FLORIVA+
DENTAGEL		FLUORIDEX
doxycycline hyclate		SENSITIVITY RELIEF
FLUORIDEX DAILY		JUST RIGHT 5000
DEFENSE 1.1%		PERIDEX
ORALONE		PREVIDENT
PERIOGARD		PREVIDENT DENTAL
SF 1.1% GEL		RINSE, 1.1% GEL,
SF 5000 PLUS		5000 PLUS CREAM
sodium fluoride		
sodium fluoride		
5000 dry mouth		
sodium fluoride		
5000 plus		
triamcinolone		

DIABETES

1ST TIER UNIFINE PENTIPS (PA)	ACCU-CHEK SOFTCLIX	ACCU-CHEK COMPACT PLUS
1ST TIER UNIFINE PENTIPS PLUS (PA)	ACCU-CHEK TEST STRIPS	CONTROL

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)			DIABETES (cont.)		
ABOUTTIME PEN NEEDLE (PA)	ACCU-CHEK GUIDE ME GLUCOSE MTR	ACCU-CHEK SMARTVIEW	DROPLET INSULIN SYRINGE	MOUNJARO (PA,QL)	EASYMAX TEST STRIPS
ACCU-CHEK FASTCLIX	ACCU-CHEK GUIDE MONITOR SYSTEM	ADMELOG (PA, QL)	DROPLET MICRON PEN NEEDLE (PA)	NOVOLIN (QL)	EASYMAX 15 TEST STRIPS
LANCING DEVICE	ACCUTREND	ADVANCED GLUCOSE TEST	DROPLET PEN NEEDLE (PA)	NOVOTWIST	EASY PLUS II TEST STRIPS
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	GLUCOSE TEST STRIPS	ADVOCATE REDI- CODE+	DROPSAFE PEN NEEDLE (PA)	OMNIPOD 5 G6 PODS (GEN 5) (QL)	EASY STEP TEST STRIPS
ACCU-CHEK MULTICLIX	ALOGLIPTIN (PA,QL)	ADVOCATE TEST STRIPS	EASY COMFORT INSULIN SYRINGE	OMNIPOD CLASSIC PODS (GEN 3) (QL)	EASY TRAK TEST STRIPS
LANCET KIT, ACCU-CHEK AVIVA SOLUTION	ALOGLIPTIN- METFORMIN (PA,QL)	ADVOCATE TEST STRIPS	EASY COMFORT PEN NEEDLES (PA)	OMNIPOD CLASSIC PODS (GEN 5) (QL)	EASYGLUCO TEST STRIPS
ACCU-CHEK SMARTVIEW	BAQSIMI (QL)	AFREZZA (PA, QL)	EASY GLIDE INSULIN SYRINGE	OMNIPOD DASH PODS (GEN 3) (QL)	EASY TALK TEST STRIPS
CONTROL SOLUTION	BASAGLAR (QL)	AGAMATRIX AMP TEST STRIPS	EASY GLIDE PEN INSULIN SYRINGE	OMNIPOD DASH PODS (GEN 4) (QL)	EASY TOUCH TEST STRIPS
ACCU-CHEK SOFTCLIX LANCET KIT	BD INSULIN SYRINGE	APIDRA (PA, QL)	EASY TOUCH CONTROL SOLUTION, INSULIN SYRINGES	ONETOUCH LANCETS	EASY TRAK II TEST STRIPS
ADVOCATE PEN NEEDLES (PA)	BD LANCETS	ASSURE 4 TEST STRIPS	EASY TOUCH FLILOCK INSULIN	ONETOUCH ULTRA TEST STRIP	ELEMENT COMPACT TEST STRIPS
ADVOCATE SYRINGES	BD PEN NEEDLE	ASSURE PLATINUM TEST STRIP	EASY TOUCH INSULIN SAFETY	ONETOUCH ULTRA ULTRAMINI	ELEMENT TEST STRIPS
ALOGLIPTIN (PA,QL)	BD VEO INSULIN SYRINGE	ASSURE PRISM MULTI	EASY TOUCH INSULIN SYRINGE	ONETOUCH VERIO FLEX METER	EMBRACE TEST STRIPS
ALOGLIPTIN- METFORMIN (PA,QL)	BYDUREON BCISE (PA,QL)	BLOOD GLUCOSE TEST STRIP/METER	EASY TOUCH INSULIN SYRINGE	ONETOUCH VERIO IQ METER	EMBRACE EVO TEST STRIPS
ASSURE ID INSULIN SAFETY	BYETTA (PA,QL)	CARESENS N	EASY TOUCH INSULIN SYRINGE	ONETOUCH VERIO METER	EMBRACE PRO TEST STRIPS
ASSURE ID PEN NEEDLE (PA)	DEXCOM G6 RECEIVER (PA, QL)	CARETOUCH TEST STRIPS	EASY TOUCH INSULIN SYRINGE	ONETOUCH VERIO REFLECT METER	EMBRACE TALK TEST STRIPS
AUTOSHIELD DUO PEN NEEDLE (PA)	DEXCOM G6 SENSOR (PA, QL)	CEQUR	EASY TOUCH INSULIN SYRINGE	ONETOUCH VERIO TEST STRIP	EVOLUTION TEST STRIPS
CAREFINE PEN NEEDLE (PA)	DEXCOM G6 TRANSMITTER (PA, QL)	CLEVER CHOICE MICRO TEST STRIPS	EASY TOUCH INSULIN SYRINGE	OZEMPIC (PA,QL)	FIASP (PA, QL)
CARETOUCH INSULIN SYRINGE	DROPSAFE	CLEVER CHOICE PRO TEST STRIPS	EASY TOUCH INSULIN SYRINGE	QTERN (QL, ST)	FIFTY50 TEST STRIPS
CARETOUCH PEN NEEDLE (PA)	FARXIGA (QL, ST)	CLEVER CHOICE TALK TEST STRIPS	EASY TOUCH INSULIN SYRINGE	RYBELSUS (PA, QL)	FORA 6 CONNECT GLUCOSE STRIPS
CEQUR SIMPLICITY INSERTER	FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)	CLEVER CHOICE VOICE+ TST STRIP	EASY TOUCH INSULIN SYRINGE	SOLIQUA 100-33	FORA D15G TEST STRIPS
CLICKFINE (PA)	FREESTYLE LIBRE 2 SENSOR (PA, QL)	CLEVER CHOICE CONTOUR METER	EASY TOUCH INSULIN SYRINGE	SYMLINPEN	FORA D20 TEST STRIPS
COMFORT EZ INSULIN SYRINGE	FREESTYLE LIBRE READER (PA, QL)	CONTOUR MONITOR	EASY TOUCH INSULIN SYRINGE	SYNJARDY (QL, ST)	FORA D40-G31 TEST STRIPS
COMFORT EZ PEN NEEDLE (PA)	GLUCAGEN (QL)	CONTOUR NEXT EZ	EASY TOUCH INSULIN SYRINGE	SYNJARDY XR (QL, ST)	FORA G20 TEST STRIPS
COMFORT TOUCH PEN NEEDLE (PA)	GLYXAMBI (QL, ST)	CONTOUR NEXT GEN	EASY TOUCH INSULIN SYRINGE	TRESIBA (QL)	FORA G30- PREMIUM V10 TEST STRIPS
DROPLET GENTEEL LANCING DEVICE	HUMULIN (QL)	CONTOUR NEXT TEST STRIPS	EASY TOUCH INSULIN SYRINGE	TRIJARDY XR (ST, QL)	FORA GD50 TEST STRIPS
	HUMULIN R (QL)	CONTOUR NEXT TEST STRIPS	EASY TOUCH INSULIN SYRINGE	TRULICITY (PA, QL)	
	INSULIN LISPRO (QL)	CONTOUR TEST STRIPS	EASY TOUCH INSULIN SYRINGE	V-GO 20	
	JANUMET (QL, ST)	COOL GLUCOSE TEST STRIPS	EASY TOUCH INSULIN SYRINGE	V-GO 30	
	JANUMET XR (QL, ST)	CYCLOSET	EASY TOUCH INSULIN SYRINGE	V-GO 40	
	JANUVIA (QL, ST)	DIATRUE PLUS TEST STRIPS	EASY TOUCH INSULIN SYRINGE	XIGDUO XR (QL, ST)	
	JARDIANCE (QL, ST)		EASY TOUCH INSULIN SYRINGE	XULTOPHY	
	LYUMJEV (QL)		EASY TOUCH INSULIN SYRINGE	ZEGALOGUE (QL)	
	MOUNJARO (PA,QL)		EASY TOUCH INSULIN SYRINGE		

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)			DIABETES (cont.)		
HEALTHWISE PEN NEEDLE (PA)		FORA GTEL GLUCOSE TEST STRIPS	PURE COMFORT PEN NEEDLE (PA)		GLUCOCARD 01 SENSOR PLUS STRIPS
INCONTROL PEN NEEDLE (PA)		FORA TEST STRIPS	PRODIGY INSULIN SYRINGE		GLUCOCARD EXPRESSION TEST STRIPS
INPEN (FOR HUMALOG)		FORA TN'G ADVAN PRO TEST STRIPS	SAFETYGLIDE INSULIN SYRINGE		GLUCOCARD METER
INPEN (FOR NOVOLOG OR FIASP)		FORA TN'G VOICE TEST STRIPS	SAFETY PEN NEEDLE (PA)		GLUCOCARD VITAL TEST STRIPS
INSULIN PEN NEEDLE (PA)		FORA V10 TEST STRIPS	SECURESAFE PEN NEEDLE (PA)		GLUCOCARD VITAL SENSOR STRIPS
INSULIN SYRINGE		FORA V10-V12-D10-D20 TEST STRIPS	SURE COMFORT (PA)		GLUCOCARD SHINE TEST STRIPS
INSUPEN (PA)		FORA V12 TEST STRIPS	TECHLITE		GLUCOCOM GLUCOSE TEST STRIPS
LITE TOUCH (PA)		FORA V20 TEST STRIPS	TECHLITE INSULIN SYRINGE		GLUCOSE TEST STRIPS
MAGELLAN INSULIN SAFETY SYRINGE		FORA V30A TEST STRIPS	TECHLITE PEN NEEDLE (PA)		GLUMETZA (PA)
MAGELLAN INSULIN SYRINGE		FORACARE GD20 TEST STRIPS	TOPCARE		GOJJI BLOOD GLUCOSE TEST STRIPS
MAXI-COMFORT MAXICOMFORT II PEN NEEDLE (PA)		FORACARE GD40 TEST STRIPS	CLICKFINE (PA)		GVOKE (QL)
MAXICOMFORT INSULIN SYRINGE		FORTISCARE GLUCOSE TEST STRIPS	TOPCARE ULTRA COMFORT		HEALTHPRO GLUCOSE TEST STRIPS
MAXICOMFORT SAFETY PEN NEEDLE (PA)		FREESTYLE	TRUE COMFORT (PA)		HUMALOG (PA,QL)
metformin er		FREESTYLE FREEDOM LITE	TRUE METRIX		IGLUCOSE TEST STRIPS
MICROLET NEXT LANCING DEVICE		FREESTYLE INSULINX TEST STRIPS	TRUEPLUS INSULIN SYRINGE		INFINITY TEST STRIPS
MINI PEN NEEDLE (PA)		FREESTYLE METER	TRUEPLUS PEN NEEDLE (PA)		INFINITY VOICE TEST STRIPS
MINI ULTRA-THIN II (PA)		FREESTYLE LITE TEST STRIPS	ULTICARE INSULIN SYRINGE		INSULIN ASPART (PA, QL)
MONOJECT INSULIN SYRINGE		FREESTYLE PRECISION NEO TEST STRIPS	ULTICARE PEN NEEDLE (PA)		INSULIN GLARGINE (PA, QL)
MULTI-LANCET		FREESTYLE TEST STRIPS	ULTIGUARD SAFEPACK-INSULIN SYR		INVOKAMET (PA, QL)
NANO 2ND GEN PEN NEEDLE (PA)		GE100 BLOOD GLUCOSE TEST STRIP	ULTIGUARD SAFEPACK-PEN NEEDLE (PA)		INVOKAMET XR (PA, QL)
NOVOFINE (PA)		GLUCO NAVII	ULTILET PEN NEEDLE (PA)		INVOKANA (PA, QL)
PEN NEEDLES (PA)		GLUCOCARD 01 SENSOR PLUS STRIPS	ULTRACARE INSULIN SYRINGE		JENTADUETO (PA, QL)
PENTIPS (PA)		GLUCOCARD EXPRESSION TEST STRIPS	ULTRACARE PEN NEEDLE (PA)		JENTADUETO XR (PA, QL)
PREVENT		GLUCOCARD METER	ULTRA COMFORT		KAZANO (PA, QL)
DROPSAFE PEN NEEDLE (PA)			ULTRA-FINE MICRO PEN NEEDLE (PA)		
PRO COMFORT INSULIN SYRINGE			ULTRA-FINE MINI PEN NEEDLE (PA)		
PRO COMFORT PEN NEEDLE (PA)					

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)			DIABETES (cont.)		
ULTRA-FINE NANO PEN NEEDLE (PA)		KOMBIGLYZE XR (PA, QL)			QUINTET AC TEST STRIPS
ULTRA-FINE ORIGINAL PEN NEEDLE (PA)		LANTUS (PA, QL)			REFUAH PLUS TEST STRIPS
ULTRA-FINE SHORT PEN NEEDLE (PA)		LEVEMIR (PA,QL)			RELION CONFIRM- MICRO TEST STRIPS
ULTRA FLO (PA)		LEVEMIR			RELION PRIME TEST STRIPS
ULTRA THIN (PA)		FLEXTOUCH (PA,QL)			RIGHTEST GT333 TEST STRIPS
ULTRA-THIN II		METFORMIN 625 MG TABLET (PA)			RIOMET
ULTRA-THIN II (PA)		MICRODOT TEST STRIPS			RIOMET ER
UNIFINE (PA)		MICRODOT XTRA TEST STRIPS			SEMGLEE (PA, QL)
VANISHPOINT INSULIN SYRINGE		MINIMED RESERVOIR			SEGLUROMET (PA, QL)
VEO INSULIN SYRINGE		MYGLUCOHEALTH TEST STRIPS			SMART SENSE TEST STRIPS
		NESINA (PA, QL)			SMARTEST TEST STRIPS
		NEUTEK 2TEK TEST STRIPS			SOLUS V2 TEST STRIPS
		NOVA MAX GLUCOSE TEST STRIPS			STEGLATRO (PA, QL)
		NOVOLOG (PA, QL)			STEGLUJAN (QL, ST)
		ONGLYZA (PA, QL)			TEST N'GO TEST STRIPS
		OSENI (PA, QL)			TEST STRIPS
		PARADIGM PHARMACIST CHOICE TEST STRIPS			TOUJEO SOLOSTAR (PA, QL)
		POGO AUTOMATIC BLOOD GLUCUSE SYSTEM			TRADJENTA (PA, QL)
		PRECISION METER			TRUE METRIX AIR GLUCOSE METER
		PRECISION XTRA TEST STRIPS			TRUE METRIX BLOOD GLUCOSE METER
		PREMIER TEST STRIPS			TRUETEST TEST STRIPS
		PREMIUM BLOOD GLUCOSE TEST STRIPS			TRUETRACK TEST STRIPS
		PREMIUM V10 TEST STRIPS			ULTIMA TEST STRIPS
		PRO VOICE V8-V9 TEST STRIPS			UNISTRIP1 TEST STRIPS
		PRODIGY NO CODING TEST STRIPS			VICTOZA (PA,QL)
		QUINTET TEST STRIPS			VIVAGUARD INO TEST STRIPS
					WAVESENSE JAZZ TEST STRIPS
					WAVESENSE PRESTO TEST STRIPS

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIURETICS		
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydro-chlorothiazide spironolactone triamterene-hctz	CAROSPIR (PA) DIURIL KERENDIA (PA, QL)	ALDACTONE (PA) EDECIN (PA) INSPIRA (PA) LASIX (PA) MAXZIDE SOAANZ (PA)

EAR MEDICATIONS		
ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CETRAXAL (PA) CIPRODEX CIPROFLOXACIN-FLUOCINOLONE CORTISPORIN-TC DERMOTIC OTOVEL

ERECTILE DYSFUNCTION		
sildenafil (QL) tadalafil (QL) vardenafil (QL)	MUSE (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 latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin	AZASITE BESIVANCE BETOPTIC S BROMSITE CEQUA EYSUVIS (QL) FLAREX FML FORTE 0.25% EYE DROPS FML S.O.P. 0.1% OINTMENT INVELTYS LOTEMAX 0.5% EYE OINTMENT LOTEMAX SM SIMBRINZA TOBRADEX ST XIIDRA ZERVIAE	ACULAR (PA) ACULAR LS (PA) ACUVAIL ALOCRIL (PA) ALPHAGAN P (PA) ALREX AZOPT (PA) BEPREVE (PA) BETIMOL (PA) COMBIGAN (PA) COSOPT (PA) COSOPT PF (PA) FML (PA) FML FORTE (PA) FML LIQUIFILM 0.1% EYE DROP ILEVRO ISTALOL (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
EYE CONDITIONS (cont.)		
polymyxin b sulfate-trimethoprim prednisolone timolol tobramycin tobramycin-dexamethasone travoprost		LOTEMAX DROPS, GEL (PA) LUMIGAN (PA) MAXITROL (PA) NEVANAC OCUFLOX (PA) PRED FORTE (PA) PRED MILD (PA) PROLENSA RESTASIS (PA) RESTASIS MULTIDOSE (PA) RHOPRESSA ROCKLATAN TIMOPTIC (PA) TIMOPTIC-XE (PA) TOBRADEX EYE DROPS (PA) TRAVATAN Z (PA) TYRVAYA (PA, QL) VERKAZIA (PA, QL) VIGAMOX (PA) VYZULTA (PA) XALATAN (PA) XELPROS (PA) ZIOPTAN (PA, QL) ZIRGAN ZYLET

FEMININE PRODUCTS		
GYNAZOLE 1 miconazole 3 200 mg terconazole		

GASTROINTESTINAL/HEARTBURN		
ANUCORT-HC balsalazide dicyclomine capsule, solution, tablet constulose dronabinol dexlansoprazole dr (QL) esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	CLENPIQ+ LINZESS LITHOSTAT NEXIUM DR 2.5 MG PACKET (QL) PANCREAZE SUTAB TRULANCE VIBERZI	AKYNZEO 300-0.5 MG CAPSULE AMITIZA (PA) ANUSOL-HC (PA) ANZEMET (PA) APRISO (ST) ASACOL HD (ST) BONJESTA CANASA CARAFATE COLAZAL (ST) CORTIFOAM (PA) CREON (PA)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont.)		
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet GAVILYTE-C+ GAVILYTE-G+ glycopyrrolate (PA) HEMMOREX-HC hydrocortisone lactulose (PA) lansoprazole (QL) lubiprostone mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet misoprostol omeprazole (QL) ondansetron ondansetron odt peg 3350-electrolyte+ peg3350-sodium sulfate-sodium chloride- potassium chloride-sodium ascorbate- ascorbic acid+ PEG-PREP+ prochlorperazine tablet promethazine promethegan rabeprazole (QL) scopolamine sucralfate ursodiol (PA)		CORTIFOAM (PA) CREON (PA) CUVPOSA CYTOTEC DELZICOL (ST) DEXILANT DR 60 MG CAPSULE (PA,QL) DICLEGIS GOLYTELY+ (PA) hyoscyamine IBSRELA (PA,QL) KRISTALOSE (PA) LEVBID ER LEVSIN LEVSIN-SL LIALDA (ST) LIBRAX (PA) MARINOL (PA) MOTEGRITY (PA) MOTOFEN MOVANTIK (PA) MOVIPREP+ (PA) NEXIUM (PA, QL) NEXIUM DR CAPSULE (PA, QL) NEXIUM DR 10-40 MG PACKET (PA, QL) NULEV OMECLAMOX-PAK (PA) OSMOPREP+ (PA) pantoprazole (QL) PENTASA (ST) PEPCID (PA) PERTZYE (PA) PLENVU+ (PA) PREVACID (QL, ST) PRILOSEC (QL) PROTONIX (QL, ST) PROTONIX IV PYLERA (PA) RECTIV RELISTOR (PA) ROBINUL (PA) ROBINUL FORTE (PA) SANCUISO (PA, QL) SFLOWASA

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont.)		
		SUPREP+ (PA) SYMPROIC (PA) TALICIA (PA) TRANSDERM-SCOP TRULANCE (PA) UCERIS FOAM (PA, QL) URSO URSO FORTE VARUBI (PA, QL) VIOKACE VOQUEZNA DUAL, TRIPLE PAK (PA) ZELNORM (PA) ZENPEP (PA)
HORMONAL AGENTS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) DECADRON DEXABLISS dexamethasone tablet (PA) dexamethasone intensol DOTTI (QL) estradiol (once weekly) (QL) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol- norethindrone acetate EUTHYROX LEVOXYL LEVO-T liothyronine LYLLANA (QL) medroxyprog- esterone methyl- prednisolone millipred MIMVEY	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 ARMOUR THYROID (PA) AYGESTIN BIJUVA CRINONE (PA) CLIMARA (PA) CLIMARA PRO (PA) CYTOMEL DEPO- TESTOSTERONE DIVIGEL (PA) ELESTRIN (PA) ESTRACE (PA) EVAMIST FEMRING (PA) FORTESTA (PA, QL) HEMADY IMVEXXY (PA, QL) INTRAROSA (QL) JATENZO (PA, QL) KENALOG levothyroxine LEVOTHYROXINE CAPSULE, 100 MCG/ML VIAL MEDROL 8,16, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS (cont.)		
norethindrone NP THYROID prednisolone prednisolone odt prednisolone sodium phosphate prednisone prednisone intensol progesterone tablet testosterone (PA, QL) testosterone cypionate WESTHROID YUVAFEM		MINIVELLE (PA, QL) NATESTO (PA, QL) NOCDURNA (PA) OSPHENA (QL) PROMETRIUM RAYALDEE RAYOS (PA) SAIZEN (PA) SYNTHROID (PA) TESTIM (PA, QL) TESTOPEL (PA) THYQUIDITY (PA) TIROSINT TIROSINT-SOL TLANDO (PA,QL) TRIOSTAT UCERIS TABLET (PA, QL) UNITHROID VAGIFEM (PA, QL) VIVELLE-DOT (PA, QL) VOGELXO (PA, QL) XYOSTED (PA, QL)

INFECTIONS		
acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate er amoxicillin- clavulanate atovaquone atovaquone- proguanil AVIDOXY azithromycin packet, suspension, tablet cefadroxil cefdinir cefpodoxime cefuroxime tablet cephalexin ciprofloxacin clarithromycin clarithromycin er clindamycin clindamycin (pediatric)	CLEOCIN 75 MG CAPSULE (PA) EURAX 10% CREAM FIRVANQ LAGEVRIO (EUA) (QL) PAXLOVID (QL) SOLOSEC XIFAXAN (QL)	ACTICLATE (ST) AEMCOLO (QL) ALINIA ANCOBON ARAKODA (PA) BACTRIM BACTRIM DS BAXDELA (PA) BREXAFEMME (PA) BICILLIN L-A CIPRO TABLET CLEOCIN 150 MG, 300 MG CAPSULE (PA) CLEOCIN HCL CLEOCIN PEDIATRIC CLEOCIN CAPSULE CLEOCIN 100 MG VAGINAL OVULE CLEOCIN 2% VAGINAL CREAM CLINDESSE DIFICID (QL) DIFLUCAN (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont.)		
coremino (QL) dapson doxy 100 doxycycline (PA) doxycycline monohydrate EMVERM erythromycin erythromycin ethylsuccinate famciclovir fluconazole flucytosine fosfomycin hydroxy- chloroquine 200mg tablet itraconazole levofloxacin solution, tablet methenamine metronidazole gel, capsule, tablet minocycline minocycline er (QL) mondoxylene nl nitazoxanide nitrofurantoin (PA) nitrofurantoin monohydrate- macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium permethrin 5% cream posaconazole tablet sulfamethoxazole- trimethoprim suspension, tablet terbinafine tetracycline valacyclovir valganciclovir vancomycin capsule, solution vandazole		DORYX (PA) DORYX MPC (PA) E.E.S. 200 (PA) E.E.S. 400 ELIMITE ERYPED 200 ERYPED 400 (PA) ERY-TAB DR EURAX 10% LOTION FIRVANQ FLAGYL HIPREX HYDROXYCHLOR- OQUINE (PA) LYMEPAK (PA) MACROBID MACRODANTIN MALARONE (PA) MEPRON (PA) MINOCIN minocycline er capsule (ST) MINOLIRA ER (ST) MONUROL NATROBA NOXAFIL (PA) NUVESSA (PA) ORACEA (PA) ORAVIG PLAQUENIL (PA) posaconazole suspension PRIFTIN SEYSARA (PA) SIVEXTRO (PA) SKLICE SOLODYN (PA) SPORANOX (PA) SULFATRIM TAMIFLU (QL) TARGADOX (PA) TOLSURA URIBEL VALCYTE (PA) VALTRES VANCOCIN (PA) VFEND (PA) VFEND IV VIBRAMYCIN (PA) XENLETA (PA, QL) XOFLUZA (QL)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

INFECTIONS (cont.)

voriconazole (PA)		ZITHROMAX ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)
-------------------	--	---

INFERTILITY

clomiphene ^	CRINONE^ (PA) ENDOMETRIN^	MAKENA (PA)
--------------	------------------------------	-------------

MISCELLANEOUS

acamprostate ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX DROPLET LANCETS DROPSAFE PREP PADS MICROLET ONETOUCH DELICA PLUS LANCET ONETOUCH LANCETS sodium chloride inhalation vial, irrigation solution, vial TECHLITE LANCETS		ADDYI (QL) AIMSCO+ (QL) CONDOMS+ (QL) DUREX AVANTI BARE REAL FEEL+ (QL) FANTASY+ (QL) FORA GTEL KETONE TEST STRIP GOJJI BLOOD KETONE TEST STRIP HORIZANT (PA) HYPER-SAL KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT KIMONO MAXX+ (QL) KIMONO MICROTHIN AQUA LUBE+ (QL) KIMONO MICROTHIN+ (QL) KIMONO TEXTURED+ (QL) KIMONO+ (QL) NOVAMAX PLUS NUEDEXTA (QL) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA TRUEPLUS KETONE TEST STRIP TRUSTEX LATEX CONDOM+ (QL) TRUSTEX+ (QL) TRUSTEX-RIA+ (QL)
---	--	--

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

NUTRITIONAL/DIETARY

calcitriol cyanocobalamin injection dodex folic acid 400 mcg, 800 mcg, 0.4 mg, 0.8 mg tablet, 800 mcg capsule+ folic acid 1 mg tablet+ folitab 500+ klor-con KLOR-CON 8 MEQ TABLET KLOR-CON 10 MEQ TABLET lanthanum MULTI-VITAMIN W-FLUORIDE- IRON+ MULTIVITAMIN WITH FLUORIDE+ MULTIVITAMIN- IRON-FLUORIDE sevelamer carbonate sevelamer sodium fluoride+ taron-prex prenatal TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY LOKELMA NEEVO DHA OB COMPLETE DHA OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER PRENATE PRIMACARE REDITREX (PA) TRI-VI-FLO+ VELPHORO VELTASSA	ACCRUFER AURYXIA (QL) CITRANATAL BLOOM DRISDOL FLORIVA+ FOSRENOL (PA) INFUVITE ADULT K-TAB ER MEPHYTON MONOFERRIC (PA) NASCOBAL (PA) OB COMPLETE POTASSIUM CHLORIDE 2 MEQ/ ML CONCENTRATE POLY-VI-FLO WITH IRON+ POLY-VI-FLO+ PRENATE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25, 0.5 MG/ML DROP+ RENAGEL (PA) REVELA (PA) ROCALTROL
---	--	---

OSTEOPOROSIS PRODUCTS

alendronate raloxifene+ risedronate risedronate dr		ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) BONIVA (ST) EVISTA FOSAMAX (ST)
---	--	---

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL)	AIMOVIG (PA) AJOVY (PA) BELBUCA (QL) EMGALITY (PA) FLECTOR (PA,QL) HYSINGLA ER (PA)	AMRIX (PA, QL) ANALPRAM HC (PA) ARAVA BUPRENEX BUTRANS (QL) CAMBIA (PA)
--	--	--

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
butalbital- acetaminophen- caffeine (QL)	LICART (PA, QL)	CELEBREX (QL, ST)
carisoprodol	MITIGARE	COLCHICINE 0.6 MG CAPSULE (PA)
celecoxib (QL)	NUCYNTA (PA)	COLCRYS (PA)
colchicine 0.6 mg tablet	NURTEC ODT (PA, QL)	DUEXIS (PA)
cyclobenzaprine	OTREXUP (PA)	EC-NAPROSYN (ST)
cyclobenzaprine er (PA, QL)	PROCTOFOAM-HC	ELYXYB (PA, QL)
diclofenac 2% solution pump, 1.5% topical solution (PA)	REDITREX (PA)	ESGIC (PA,QL)
diclofenac 1% gel, tablet (QL)	SAVELLA	FEXMID
diclofenac 1.5% topical solution (PA, QL)	TRUDHESA (PA, QL)	FIORICET (PA,QL)
diclofenac dr	UBRELVY (PA, QL)	FROVA (PA,QL)
diclofenac ec	XTAMPZA ER (PA)	GABLOFEN
EC-NAPROXEN	ZTLIDO	GELSYN-3 (PA)
ECOTRIN EC 81 MG TABLET+		GRALISE (PA)
eletriptan (QL)		IMITREX (PA, QL)
ENDOCET (PA)		INDOMETHACIN 20 MG (PA)
febuxostat (QL)		LIDODERM (PA)
fentanyl patch (PA)		LYVISPAH (PA)
FIORICET (QL)		MIGRANAL (PA, QL)
frovatriptan (QL)		MOBIC (ST)
GLYDO		NALFON 400 MG CAPSULE (PA)
hydrocodone- acetaminophen (PA)		NAPRELAN (PA)
hydromorphone (PA)		NAPROSYN (ST)
hydromorphone er (PA)		NUCYNTA ER (PA)
IBU		ONZETRA XSAIL (PA, QL)
ibuprofen		OXAYDO (PA)
indomethacin		OXYCONTIN (PA)
indomethacin er		PENNSAID (PA)
ketorolac		PERCOCET (PA)
tromethamine (QL)		PROCORT
leflunomide		PROLATE 10 MG- 300 MG/5 ML SOLUTION
lidocaine 5% patch, ointment, 2% solution (QL)		QULIPTA (PA, QL)
lidocaine- prilocaine		RASUVO (PA)
		RELAFEN DS (PA)
		RELPAK (PA, QL)
		RENFLEXIS (PA)
		REYVOW (PA, QL)
		ROBAXIN
		ROXICODONE (PA)
		ROXYBOND (PA)
		SEGLENTIS (PA, QL)
		SPRIX (PA, QL)
		TOSYMRA (PA, QL)
		TRAMADOL 100 MG (PA, QL)
		TREXIMET (PA,QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
lidocaine viscous		ULORIC (PA, QL)
meloxicam tablet		ZANAFLEX
meloxicam capsule (PA, QL)		ZEBUTAL (QL)
metaxalone		ZEMBRACE (PA, QL)
methocarbamol		ZEMBRACE
morphine (PA)		SYMTOUCH (PA, QL)
morphine er (PA)		ZOHYDRO ER (PA)
nabumetone		ZOMIG (PA, QL)
NALOCET (PA)		ZOMIG NASAL (PA, QL)
naproxen (PA)		ZYLOPRIM (PA)
oxycodone (PA)		
oxycodone er (PA)		
oxycodone- acetaminophen (PA)		
sumatriptan succ- naproxen sod (QL)		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine (PA)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		
vtol lq (PA)		
PARKINSON'S DISEASE		
benztropine tablet		AZILECT (QL)
carbidopa- levodopa		DHIVY (PA)
carbidopa- levodopa er		GOCOVRI
pramipexole (QL)		MIRAPEX ER (QL)
pramipexole er (QL)		NEUPRO
rasagiline (QL)		ONGENTYS (PA, QL)
ropinirole er		OSMOLEX ER (QL)
ropinirole		RYTARY
		SINEMET
		TASMAR
		XADAGO (ST)
SCHIZOPHRENIA/ANTI-PSYCHOTICS²		
aripiprazole (QL)	ABILIFY MAINTENA (QL)	ABILIFY (ST)
aripiprazole odt	LATUDA (PA, QL)	ABILIFY MYCITE (PA)
asenapine	REXULTI (QL, ST)	ARISTADA (QL)
clozapine		ARISTADA ER (QL)
clozapine odt		CAPLYTA (QL, ST)
chlorpromazine tablet		CLOZARIL (PA)
olanzapine tablet		FANAPT (QL, ST)
olanzapine odt		GEODON (PA)
paliperidone er (QL)		INVEGA HAFYERA (QL)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS² (cont.)

quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet		INVEGA SUSTENNA (QL) INVEGA TRINZA (QL) LYBALVI (QL, ST) PERSERIS (QL) RISPERDAL (ST) RISPERDAL CONSTA (QL) SAPHRIS (ST) SECUADO (ST) SEROQUEL (ST) SEROQUEL XR (ST) VRAYLAR (QL, ST) ZYPREXA (PA) ZYPREXA RELPREVV (QL) ZYPREXA ZYDIS (PA)
---	--	--

SEIZURE DISORDERS

carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lacosamide lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue, green, orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin ROWEEPRA rufinamide (PA, QL) SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE)	FYCOMPA (PA, QL) NAYZILAM (PA, QL)	APTIOM (PA, QL) BANZEL (PA, QL) BRIVIACT (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) ELEPSIA XR (PA) EPRONTIA (PA) KEPPRA (PA) KEPPRA XR (PA) KLONOPIN (PA) LAMICTAL (PA) LAMICTAL ODT (PA) LAMICTAL XR (PA) LYRICA (PA) LYRICA CR MYSOLINE (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) QUDEXY XR (PA) SPRITAM (PA) SYMPAZAN (PA) TEGRETOL (PA) TEGRETOL XR (PA) TOPAMAX (PA) TRILEPTAL (PA)
--	---------------------------------------	--

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

SEIZURE DISORDERS (cont.)

topiramate topiramate er		TROKENDI XR (PA, QL) VALTOCO (PA, QL) VIMPAT TABLET, VIAL (PA) XCOPRI (PA, QL)
-----------------------------	--	---

SKIN CONDITIONS

ACUTANE adapalene (PA age) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid BP 10-1 betamethasone diprop augmented betamethasone dipropionate calcipotriene cream, ointment, solution calcipotriene-betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS clindamycin clobetasol CLOCORTOLONE PIVALATE CLODAN clotrimazole-betamethasone fluorouracil cream, topical solution halcinonide (PA) isotretinoin ketoconazole KETODAN metronidazole mupirocin (PA) MYORISAN NEUAC GEL pimecrolimus ROSADAN	ACZONE 7.5% GEL PUMP ARAZLO EUCRISA (ST) NAFTIN PICATO SANTYL (QL)	ABSORICA (ST) ABSORICA LD (ST) ACANYA ACZONE 5% GEL AKLIEF AMZEEQ (PA) ANALPRAM HC 2.5%-1% LOTION ATRALIN (PA age) AVAR 9.5-5% CLEANSING PADS AVAR-E AVAR-E GREEN AVITA (PA) BENZACLIN GEL (PA) BRYHALI (ST) calcipotriene foam (PA) CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT, PAC KIT CLINDAGEL (PA) CLOBEX (PA) CLODERM (ST) DAPSONE 7.5% GEL PUMP DENAVIR (QL) DIFFERIN CREAM, GEL PUMP, LOTION (PA age) DRYSOL DUOBRII EFUDEX ELIDEL (PA) ENSTILAR (PA) EPIDUO (PA) EPIDUO FORTE (PA age) ERTACZO (PA) EVOCLIN
---	---	--

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont.)		
sodium sulfacetamide-sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tretinoin (PA age) triamcinolone (PA) trianex (PA) TRIDERM tritocin (PA) VELTIN (PA) ZENATANE		EXTINA (PA) FABIOR FINACEA FOAM (PA) HALOBETASOL FOAM (PA) HALOG CREAM, OINTMENT (PA) HALOG (ST) IMPOYZ (PA) JUBLIA (PA) KENALOG (PA) KLISYRI (PA, QL) LEXETTE (PA) LOCOID LIPOCREAM (PA) LUZU (PA) METROCREAM (PA) METROGEL (PA) METROLOTION (PA) NEUAC 1.2-5% KIT NORITATE (PA) OLUX (PA) ONEXTON OPZELURA (PA) PLEXION CLEANSER, CLOTH, CREAM, LOTION PRAMOSONE 2.5%-1% CREAM, LOTION PROTOPIC (PA) QBREXZA REGRANEX (PA, QL) RETIN-A (PA) RETIN-A MICRO (PA age) RETIN-A MICRO PUMP (PA age) SOOLANTRA (PA) SORILUX (PA) TACLONEX (PA) TAZAROTENE 0.1% FOAM TAZORAC 0.1% CREAM TEMOVATE (ST) TWYNEO ULTRAVATE 0.05% LOTION (PA) ULTRAVATE 0.05% LOTION (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont.)		
		ULTRAVATE X (ST) VECTICAL (QL) VELTIN (PA) VEREGEN (PA) VTAMA (PA,QL) WINLEVI (PA) WYNZORA (PA) XEPI XERESE (PA, QL) ZIANA (PA) ZILXI (PA) ZOVIRAX (PA, QL)
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA) doxepin (QL) eszopiclone modafinil (PA) temazepam zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	AMBIEN (PA) AMBIEN CR (PA, QL) BELSOMRA (PA) LUNESTA (PA) NUVIGIL (PA) PROVIGIL (PA) QUVIVIQ (PA, QL) RESTORIL (PA) SILENOR (PA, QL) ZOLPIMIST (PA)
SMOKING CESSATION²		
bupropion sr+	NICOTROL NS+ NICOTROL+	APO-VARENICLINE CHANTIX^ NICODERM CQ+ VARENICLINE
SUBSTANCE ABUSE		
buprenorphine-naloxone naltrexone hcl (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE
URINARY TRACT CONDITIONS		
alfuzosin er cevimeline finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine er (QL) trospium trospium er	ELMIRON K-PHOS ORIGINAL TOVIAZ (QL)	DETROL (ST) DETROL LA (ST) DITROPAN XL (ST) FLOMAX GELNIQUE (ST) GEMTESA (ST, QL) MYRBETRIQ (ST) PROSCAR PYRIDIUM RAPAFLO (QL) TOVIAZ (PA, QL) UROCIT-K UROXATRAL VESICARE (QL, ST) VESICARE LS (ST)

Cigna Healthcare Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 22-24).

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

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+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA- TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+ MODERNA COVID(6M-5Y) VACC(EUA)+ MODERNA COVID (12Y UP) VAC(EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+	FLUMIST QUAD 2021-2022+ NOVAVAX COVID-19 VACC,ADJ(EUA)+ QUADRACEL DTAP- IPV SYRINGE+
--	---	---

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.

	PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP- IPV VIAL+ PFIZER COVID (6M- 4Y) VACC(EUA)+ RECOMBIVAX HB+ SHINGRIX+ (QL) PFIZER COVID (6M- 4Y) VACC(EUA)+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
--	---	--

VITAMINS

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

WEIGHT MANAGEMENT

megestrol suspension phentermine ^	WEGOVI^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
--	------------------	---

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)
DESCOVY 200-25 MG TABLET**+ (PA)
DOVATO**
efavirenz-emtricitabine-tenofovir** (QL)
emtricitabine-tenofovir 200-300 mg**+
etravirine**
EVOTAZ** (PA)
GENVOYA** (QL)
INTELENCE** (PA)
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)
TEMIXYS** (PA)
tenofovir** (PA)
TIVICAY**
TRIUMEQ** (QL)

TRIUMEQ PD** (QL)
TRUVADA** (PA)
VIREAD** (PA)

Allergy/Nasal Sprays

PALFORZIA** (PA)

Anxiety/Depression/ Bipolar Disorder

NUPLAZID** (PA)

Asthma/COPD/Respiratory

ADCIRCA** (PA)
ADEMPAS** (PA)
alyq** (PA)
BRONCHITOL** (PA)
FASENRA* (PA)
KALYDECO** (PA, QL)
LETAIRIS** (PA)
NUCALA* (PA)
OFEV** (PA)
OPSUMIT** (PA)
ORENITRAM ER** (PA)
ORKAMBI** (PA, QL)
PULMOZYME** (PA)
REMODULIN* (PA)
REVATIO SUSPENSION, TABLET** (PA)
SYMDEKO** (PA, QL)
tadalafil 20mg** (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)
DOPTELET* (PA)
ELOCTATE*^ (PA)
EPOGEN*^ (PA)
ESPEROCT*^ (PA)
FULPHILA* (PA)
GRANIX*^ (PA)
HEMLIBRA* (PA)
KOGENATE FS*^ (PA)
KOVALTRY*^ (PA)
LYSTEDA**
MIRCERA*^ (PA)
NEULASTA*^ (PA)
NEUPOGEN*^ (PA)
NIVESTYM*^
NOVOEIGHT*^ (PA)
NUWIQ*^ (PA)
NYVEPRIA* (PA)
PROCIT*^ (PA)
PROMACTA** (PA)

Blood Pressure/Heart Medications

CORLANOR** (PA)

Cancer

AYVAKIT** (PA,QL)
COTELLIC** (PA)
MEKINIST** (PA,QL)
ZELBORAF** (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.

Contraceptive Products

KYLEENA**+
MIRENA*+
SKYLA**+

Diabetes

KORLYM** (PA)

Diuretics

JYNARQUE** (PA)
SAMSCA**

Eye Conditions

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

Gastrointestinal/Heartburn

alosetron**
BYLVAY** (PA)
CHOLBAM** (PA)
cinacalcet**
ENTYVIO*^ (PA)
GATTEX* (PA)
OCALIVA** (PA)
RAVICTI** (PA)
SUCRAID** (PA)
VOWST** (PA, QL)
XERMELO** (PA)

Hormonal Agents

BYNFEZIA* (PA)
CETROTIDE*^ (PA)
EGRIFTA* (PA)
EMFLAZA** (PA)
FENSOLVI*^ (PA)
FORTEO* (PA, QL)
FYREMADEL*^ (PA)
GANIRELIX^
GENOTROPIN* (PA)
HUMATROPE* (PA, QL)
INCRELEX* (PA)
LANREOTIDE ACETATE*^ (PA)

LUPRON DEPOT*^ (PA)
LUPRON DEPOT-PED*^ (PA)
NATPARA* (PA)
NORDITROPIN* (PA, QL)
NUTROPIN FLEXPRO*
OMNITROPE* (PA)
SANDOSTATIN*^ (PA)
SANDOSTATIN LAR DEPOT*^ (PA)
SEROSTIM* (PA)
SIGNIFOR LAR* (PA)
SKYTROFA* (PA)
SOMATULINE DEPOT*^ (PA)
SOMAVERT* (PA)
teriparatide* (PA, QL)
ZORBTIVE* (PA)

Infections

ARIKAYCE** (PA)
BARACLUDGE SOLUTION** (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**
ribavirin**
sofosbuvir-velpatasvir** (PA, QL)
SOVALDI** (PA, QL)
THALOMID** (PA)
TOBI PODHALER** (PA, QL)
tobramycin** (PA, QL)
VEMLIDY**
VIEKIRA PAK** (PA, QL)
VOSEVI** (PA, QL)
ZEPATIER** (PA, QL)

Infertility

chorionic gonadotropin*^ (PA)
FOLLISTIM AQ*^ (PA)
GONAL-F*^ (PA)
GONAL-F RFF*^ (PA)
MAKENA* (PA)
MENOPUR*^ (PA)
NOVAREL*^ (PA)
OVIDREL*^ (PA)
PREGNYL*^ (PA)

Miscellaneous

AUSTEDO** (PA)
CERDELGA** (PA)
deferiprone** (PA)
EMPAVELI* (PA)
ESBRIET** (PA)
EXJADE** (PA)
FERRIPROX** (PA)
GALAFOLD** (PA)
INGREZZA** (PA, QL)
JADENU** (PA)
JADENU SPRINKLE** (PA)
KUVAN** (PA)
LUMIZYME* (PA)
MYALEPT* (PA)
NITYR** (PA)
ORFADIN** (PA)
PALYNZIQ* (PA)
RADICAVA ORS* (PA)
sapropterin dihydrochloride** (PA)
SPINRAZA* (PA)
STRENSIQ* (PA)
SYPRINE** (PA)
TEGSEDI* (PA)
tetrabenazine** (PA)
TIGLUTIK** (PA)
trientine** (PA)
VIMIZIM** (PA)
VIVITROL*
VOXZOGO* (PA)
VYLEESI*^ (PA, QL)

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.

Multiple Sclerosis

AVONEX* (PA)
BAFIERTAM** (PA)
BETASERON (PA)
dimethyl fumarate**
EXTAVIA* (PA)
FIRDAPSE** (PA, QL)
GILENYA 0.5MG** (PA)
glatiramer*
GLATOPA*
KESIMPTA PEN* (PA)
MAVENCLAD** (PA)
MAYZENT** (PA)
PLEGRIDY* (PA)
PONVORY** (PA)
REBIF* (PA)
REBIF REBIDOSE* (PA)
VUMERITY** (PA)
ZEPOSIA** (PA)

Nutritional/Dietary

betaine anhydrous**

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 SYRINGE* (PA, QL)
ACTEMRA ACTPEN* (PA, QL)
ACTEMRA*
AMJEVITA* (MADE BY AMGEN)
(PA,QL)
ARCALYST (PA)
AVSOLA*^ (PA)
BENLYSTA* (PA)
CIMZIA* (PA, QL)

COSENTYX SENSOREADY PEN*
(PA,QL)
CUPRIMINE** (PA,QL)
DEPEN** (PA,QL)
DUPIXENT* (PA)
ENBREL* (PA, QL)
ENSPRYNG* (PA)
GENVISC 850* (PA)
HUMIRA* (PA, QL)
HYALGAN* (PA)
ILARIS*^ (PA)
ILUMYA* (PA, QL)
INFLECTRA*^ (PA)
INFLIXIMAB*^ (PA)
KEVZARA* (PA, QL)
KINERET* (PA, QL)
OLUMIANT** (PA, QL)
ORENCIA* (PA, QL)
OTEZLA** (PA, QL)
penicillamine** (PA,QL)
REMICADE*^ (PA)
RINVOQ ER** (PA, QL)
SILIQ* (PA, QL)
SIMPONI* (PA, QL)
SIMPONI ARIA* (PA)
SKYRIZI* (PA, QL)
STELARA* (PA, QL)
TALTZ* (PA, QL)
TREMFYA* (PA, QL)
TRILURON* (PA)
TRIVISC* (PA)
XELJANZ** (PA, QL)
XELJANZ XR** (PA, QL)

Parkinson's Disease

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

Seizure Disorders

EPIDIOLEX** (PA)

vigabatrin**
vigadrone**

Skin Conditions

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

Sleep Disorders/Sedatives

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

Transplant Medications

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

Urinary Tract Conditions

CYSTAGON**
THIOLA**

Weight Management

IMCIVREE*^ (PA,QL)

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 (**).

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. There are 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.

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

Frequently Asked Questions (FAQs) (cont.)

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.

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,

Frequently Asked Questions (FAQs) (cont.)

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 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.

Frequently Asked Questions (FAQs) (cont.)

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).