



Cigna Healthcare Performance 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.

932539 h Performance 3-Tier 08/23 © 2023 Cigna Healthcare.





What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Frequently Asked Questions (FAQs)	20
Exclusions and limitations for coverage	24

View the drug list online

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



myCigna® App¹ or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/druglist. Select **Performance 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: 08/01/2023, 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 Performance 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 Performance 3-Tier Prescription Drug List.

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

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

Medications are grouped by the condition they treat

Medications are listed in alphabetical order within each column

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

Brand-name medications are in all capital letters

Generic medications are in all lowercase letters

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

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

Tiers

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

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

Abbreviations next to medications

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

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

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

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

Brand-name medications are in all capital letters

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

Oral specialty medications have an asterisk next to them

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

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

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

Some plans may cover certain non-covered medications

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

How to find your medication

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

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

Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

efavirenz-emtricitabine-tenofovir* (QL)	BIKTARVY* (QL)	APRETUDE*+ (PA)
emtricitabine-tenofovir 200-300mg*+ etravirine* ritonavir* tenofovir* (PA) tenofovir disoproxil fumarate* (PA)	DESCOVY 200-25 MG TABLET*+ (PA) DOVATO* (QL) GENVOYA* (QL) ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL) PREZISTA* SYMITUZA* (QL) TIVICAY PD* TIVICAY* TRIUMEQ* (QL) TRIUMEQ PD* (QL)	CABENUVA* (PA) CIMDUO* (PA) COMPLERA* (PA, QL) DELSTRIGO* (PA, QL) ODEFSEY* (PA, QL) PIFELTRO* (PA) PREZCOBIX* (PA) RUKOBIA* (PA, QL) STRIBILD* (PA, QL) TEMIXYS* (PA)

ALLERGY/NASAL SPRAYS

azelastine azelastine-fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine mometasone (QL) olopatadine phenylephrine hcl promethazine solution, syrup, tablet		CLARINEX EPINEPHRINE PROFESSIONAL EMS GASTROCROM GRASTEK (PA, QL) ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE PHENERGAN RAGWITEK (PA, QL) VISTARIL
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ALZHEIMER'S DISEASE

donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine	MESTINON 60 MG/5 ML SOLUTION NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON 180 MG TIMESPAN, 60 MG TABLET NAMENDA 5, 10 MG TABLET NAMENDA XR (QL) NAMZARIC (QL) regonol
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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 desvenlafaxine er (QL) duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		DESVENLAFAXINE ER (QL, ST) EMSAM (QL) FETZIMA (QL, ST) NUPLAZID* (PA) SPRAVATO* (PA) TRINTELLIX (QL, ST) XANAX XANAX XR
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ASTHMA/COPD/RESPIRATORY

albuterol alyq* (PA) ambrisentan* (PA) budesonide (QL) fluticasone-salmeterol 100-50, 250-50, 500-50 (QL) ipratropium-albuterol montelukast tadalafil 20mg* (PA) treprostinil* (PA)	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)	ADCIRCA* (PA) AIRDUO DIGIHALER (QL, ST) ARALAST NP* (PA) BRONCHITOL* (PA) BUDESONIDE-FORMOTEROL (QL) DALIRESP (QL) GLASSIA* (PA) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA, QL)
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Cigna Healthcare Performance 3-Tier Prescription Drug List

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

wixela inhub (QL)	DULERA (QL) FASENRA PEN* (PA) INCRUSE ELLIPTA NUCALA* (PA) OFEV* (PA) OPSUMIT* (PA) QVAR REDIHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TEZSPIRE* (PA, QL) TRACLEER 32 MG TABLET FOR SUSP* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA) XOLAIR* (PA)	ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PROLASTIN C* (PA) PULMICORT RESPULES (QL) SINGULAIR TRIKAFTA* (PA, QL) TYVASO REFILL KIT* (PA) UPTRAVI 1,800 MCG VIAL* (PA)
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ATTENTION DEFICIT HYPERACTIVITY DISORDER²

amphetamine (PA) atomoxetine (QL) atomoxetine dexmethylph- enidate (PA) dexmethylph- enidate er (PA, QL) dextro- amphetamine- amphetamine methylphenidate cd (PA, QL) methylphenidate la (PA, QL)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA, ST) ADZENYS XR-ODT (PA, QL) amphetamine er (PA, QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA, ST) METHYLIN (PA) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA, ST)
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BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	ADYNOVATE* (PA) AFSTYLA* (PA) ARANESP* (PA) DROXIA ELOCTATE* (PA)	ADVATE* (PA) CYKLOKAPRON* DOPTELET* (PA) FULPHILA* (PA) GRANIX* (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

	EMPAVELI* (PA) EPOGEN* (PA) ESPEROCT* (PA) JIVI* (PA) KOGENATE FS* (PA) KOVALTRY* (PA) NEULASTA* (PA) NIVESTYM NOVOEIGHT* (PA) NYVEPRIA* (PA) PROCRIT* (PA) RETACRIT* (PA) SOLIRIS* (PA) UDENYCA* (PA) ZARXIO*	HEMLIBRA* (PA) LYSTEDA* MIRCERA* (PA) NEUPOGEN* (PA) NUWIQ* (PA) PROMACTA* (PA) RECOMBINATE* (PA) SIKLOS (PA) TAVALISSE* (PA) ULTOMIRIS* (PA) XYNTHA SOLOFUSE* (PA) XYNTHA*^ (PA) ZIENTENZO* (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

amiodarone amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine- valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr, 24hr er diltiazem 24hr er (cd, la, xr) diltiazem DILT-XR dofetilide (QL) doxazosin droxidopa* enalapril flecainide hydralazine tablet icatibant* (PA) irbesartan irbesartan-hctz labetalol tablet	CORLANOR (PA) ENTRESTO (QL) NORLIQVA (PA, QL) TEKTURNA HCT (QL) VERQUVO (PA, QL)	ALTACE (ST) AVAPRO (ST) AVALIDE (ST) BERINERT* (PA) BIDIL (QL) CALAN SR CARDIZEM LA 120mg (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CINRYZE* (PA) COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE HCT HAEGARDA* (PA) HYZAAR (ST) LOTENSIN (ST) MICARDIS (QL, ST) MICARDIS HCT (QL, ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PACERONE 100 mg, 400 mg tablet (PA) PROCARDIA XL
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Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
lisinopril		RELEUKO* (PA)
lisinopril-hctz		RUCONEST* (PA)
losartan		SOTYLIZE
losartan-hctz		TAKHZYRO* PA
matzim la		TEKTURNA (QL)
metoprolol		TIAZAC
succinate		TIKOSYN (PA, QL)
metoprolol		VALSARTAN 4 MG/ ML SOLUTION (ST)
metyrosine (PA)		VERELAN
nadolol		VERELAN PM
nebivolol (QL)		ZESTORETIC (ST)
nifedipine		ZESTRIL (ST)
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		
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	FRAGMIN* (QL)	PLAVIX
sodium* (QL)	XARELTO (PA)	SAVAYSA (PA, QL)
jantoven		ZONTIVITY
prasugrel		
warfarin		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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)
hydroxyurea	ERLEADA* (PA)	BRAFTOVI* (PA)
imatinib* (QL)	GLEOSTINE	COMETRIQ* (PA QL)
lenalidomide* (PA,QL)	KANJINTI* (PA)	COTELLIC* (PA)
letrozole	LYNPARZA* (PA, QL)	ELIGARD*
mercaptopurine	MVASI* (PA)	EXKIVITY* (PA)
methotrexate	NUBEQA* (PA)	GAVRETO* (PA,QL)
tamoxifen+	OGIVRI* (PA)	IBRANCE* (PA, QL)
temozolomide* (PA)	REVLIMID* (PA, QL)	ICLUSIG* (PA, QL)
	RIABNI* (PA)	IMBRUVICA* (PA, QL)
	RUBRACA* (PA, QL)	INLYTA* (PA)
	RUXIENCE* (PA)	JAKAFI* (PA, QL)
	SPRYCEL* (PA, QL)	KISQALI* (PA,QL)
	TRAZIMERA* (PA)	KISQALI FEMARA CO-PACK* (PA, QL)
	TREXALL	LENVIMA* (PA)
	VENCLEXTA* (PA)	LONSURF* (PA)
	VENCLEXTA	LORBRENA* (PA,QL)
	STARTING PACK* (PA)	LUMAKRAS* (PA,QL)
	VERZENIO* (PA, QL)	MEKINIST* (PA, QL)
	XTANDI* (PA)	MEKTOVI* (PA, QL)
	ZEJULA* (PA, QL)	NERLYNX* (PA)
	ZIRABEV* (PA)	NINLARO* (PA, QL)
		ODOMZO* (PA)
		ONTRUZANT* (PA)
		ORGOVYX* (PA)
		PHESGO*^ (PA)
		PIQRAY* (PA)
		POMALYST* (PA, QL)
		PURIXAN*
		RETEVMO* (PA,QL)
		ROZLYTREK* (PA)
		SCEMBLIX* (PA,QL)
		STIVARGA* (PA, QL)
		TAFINLAR* (PA, QL)
		TAGRISSO* (PA)
		TALZENNA* (PA, QL)
		TASIGNA* (PA, QL)

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		TIBSOVO* (PA) TUKYSA* (PA) VITRAKVI* (PA) VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI* (PA, QL) XELODA* (PA) XOSPATA* (PA) ZEJULA* (PA, QL) VITRAKVI* (PA) VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI* (PA, QL) XATMEP XELODA* (PA) XOSPATA* (PA) XTANDI* (PA) ZELBORAF* (PA)

CHOLESTEROL MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atorvastatin 10 mg, 20 mg+ colesvelam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin 10 mg lovastatin 20, 40mg+ omega-3 acid ethyl esters pravastatin+ rosuvastatin 5,10mg 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) ZETIA

CONTRACEPTION PRODUCTS

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

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASHLYNA+ AUBRA EQ+ AUBRA+ AUROVELA 24 FE+ AUROVELA FE+ AUROVELA+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI 24 FE+ BLISOVI FE+ BRIELLYN+ CAMILA+ CAMRESE LO+ CAMRESE+ CAZIAN+ CHARLOTTE 24 FE+ CHATEAL EQ+ CHATEAL+ CRYSELLE+ CYRED EQ+ CYRED+ DASETTA+ DAYSEE+ DEBLITANE+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol-ethinyl estradiol+ DOLISHALE+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ ELINEST+ ELURYNG+ ENPRESSE+ ENSKYCE+ ERRIN+ ESTARYLLA+ ethynodiol-ethinyl estradiol+ etonogestrel- ethinyl estradiol+ FALMINA+ FEMYNOR+ GEMMILY+		KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MICROGESTIN 24 FE MINASTRIN 24 FE MIRENA*+ NATAZIA NEXPLANON*+ NEXTSTELLIS NUVARING PARAGARD T 380- A*+ SAFYRAL SKYLA*+ SLYND TAYTULLA TWIRLA+ TYBLUME wide seal diaphragm+ YASMIN 28 YAZ

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

HAILEY 24 FE+
 HAILEY FE+
 HAILEY+
 HEATHER+
 ICLEVIA+
 INCASSIA+
 ISIBLOOM+
 JAIMIESS+
 JASMIEL+
 JENCYCLA+
 JOLESSA+
 JULEBER+
 JUNEL FE 24+
 JUNEL FE+
 JUNEL+
 KAITLIB FE+
 KALLIGA+
 KARIVA+
 KELNOR 1-35+
 KELNOR 1-50+
 KURVELO+
 LARIN 24 FE+
 LARIN FE+
 LARIN+
 LEENA+
 LESSINA+
 LEVONEST+
 levonorgestrel-
 ethinyl estradiol+
 LEVORA-28+
 LOJAIMIESS+
 LORYNA+
 LOW-OGESTREL+
 LO-
 ZUMANDIMINE+
 LUTERA+
 LYLEQ+
 LYZA+
 MARLISSA+
 medroxy-
 progesterone
 150mg/ml +
 MERZEE+
 microgetin 24 fe+
 MICROGESTIN FE+
 MICROGESTIN+
 MILI+
 MONO-LINYAH+
 NECON+
 NIKKI+
 NORA-BE+
 norethindrone+

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

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+
 SIMPESS+
 SPRINTEC+
 SRONYX+
 SYEDA+
 TARINA 24 FE+
 TARINA FE 1-20
 EQ+
 TARINA FE+
 taysofy+
 TILIA FE+
 TRI FEMYNOR+
 TRI-ESTARYLLA+
 TRI-LEGEST FE+
 TRI-LINYAH+
 TRI-LO-
 ESTARYLLA+
 TRI-LO-MARZIA+
 TRI-LO-MILI+
 TRI-LO-SPRINTEC+
 TRI-MILI+
 TRI-NYMYO+
 TRI-SPRINTEC+
 TRIVORA-28+
 TRI-VYLIBRA LO+
 TRI-VYLIBRA+
 TULANA+
 TYDEMY+
 VELIVET+
 VESTURA+

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

VIENVA+
VIORELE+
VOLNEA+
VYFEMLA+
VYLIBRA+
WERA+
WYMZYA FE+
XULANE+
ZAFEMY+
ZOVIA 1-35+
ZUMANDIMINE+

COUGH/COLD MEDICATIONS

brompheniramine-
pseudoephedrine
-dm
hydrocodone-
chlorpheniramine
(PA)
promethazine-dm

HYCODAN (PA, QL)
TUXARIN ER (PA,QL)
TUZISTRA XR (PA,
QL)

DENTAL PRODUCTS

chlorhexidine
DENTA 5000 PLUS
DENTAGEL
doxycycline hyclate
FLUORIDEX DAILY
DEFENSE 1.1%
ORALONE
PERIOGARD
SF 1.1% GEL
SF 5000 PLUS
sodium fluoride
drops+
sodium fluoride
5000 dry mouth
sodium fluoride
5000 plus
triamcinolone

PREVIDENT 5000
1.1% DRY MOUTH
PREVIDENT 5000
BOOSTER PLUS
PREVIDENT 5000
ENAMEL PROTECT
PREVIDENT 5000
ORTHO DEFENSE
PREVIDENT 5000
SENSITIVE

CLINPRO 5000
FLORIVA+
FLUORIDEX
SENSITIVITY RELIEF
JUST RIGHT 5000
PERIDEX
PREVIDENT 0.2%
RINSE
PREVIDENT 1.1%
GEL
PREVIDENT 5000
PLUS

DIABETES

ACCU-CHEK
ACCU-CHEK
FASTCLIX
LANCING DEV
ACCU-CHEK GUIDE
L1-L2 CTRL SOL
ACCU-CHEK
SMARTVIEW
CONTRL SOL

ASSURE ID INSULIN
SAFETY
BAQSIMI (QL)
BD INSULIN
SYRINGE
BD LANCETS
BD PEN NEEDLE
BYDUREON BCISE
(PA,QL)

ACCU-CHEK
COMPACT PLUS
CONTROL
ACCU-CHEK GUIDE
L1-L2 CONTROL
SOLUTION
ACCU-CHEK AVIVA
SOLUTION
CEQUR

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

ACCU-CHEK
SOFTCLIX
ACCU-CHEK
SOFTCLIX
LANCETS
ASSURE ID SYRINGE
BD SAFETYGLIDE
SYRINGE 27GX5/8
CARETOUCH
SYRINGE
CEQUR SIMPLICITY
INSERTER
COMFORT EZ
INSULIN SYRINGE
DROPLET GENTEEL
LANCING DEVICE
DROPLET INSULIN
SYRINGE
EASY COMFORT
INSULIN SYRINGE
EASY GLIDE
INSULIN SYRINGE
EASY TOUCH
glimepiride
glipizide
glipizide er
glipizide xl
GUARDIAN RT
CHARGER
GUARDIAN TEST
PLUG
HEALTHWISE
INSULIN SYRINGE
INPEN
INSULIN SYRINGE
INSULIN SYRINGE
U-500
LITETOUCH
INSULIN SYRINGE
MAGELLAN
INSULIN SYRINGE
MAXI-COMFORT
MAXICOMFORT
INSULIN SYRINGE
metformin er
metformin 500,
850, 1,000 mg
tablet

BYETTA (PA,QL)
CARETOUCH
INSULIN SYRINGE
DEXCOM G6 (PA,
QL)
DEXCOM G6
RECEIVER, SENSOR,
TRANSMITTER (PA,
QL)
FARXIGA (QL, ST)
FREESTYLE LIBRE
14 DAY SENSOR
(PA, QL)
FREESTYLE LIBRE 2
SENSOR (PA, QL)
FREESTYLE LIBRE
READER (PA, QL)
GLUCAGEN HYPO
KIT (QL)
GLYXAMBI (QL, ST)
HUMALOG
100 UNIT/ML
CARTRIDGE (QL)
HUMULIN (QL)
HUMULIN R (QL)
INSULIN LISPRO
(QL)
INSULIN GLARGINE-
YFGN (QL)
JANUMET (QL, ST)
JANUMET XR (QL,
ST)
JANUVIA (QL, ST)
JARDIANCE (QL, ST)
LITE TOUCH
LYUMJEV (QL)
MAGELLAN
INSULIN SAFETY
SYRNG
MAGELLAN
INSULIN SYRINGE
MAGELLAN
INSULIN SYRINGE
MAXI-COMFORT
MAXICOMFORT
INSULIN SYRINGE
MICROLET NEXT
LANCING DEVICE

CONTOUR NEXT EZ
CONTOUR NEXT
GEN
CYCLOSET
DEXCOM G4
DEXCOM G5
DEXCOM G5-G4
SENSOR
FREESTYLE
FREEDOM LITE
GLUCAGON
EMERGENCY KIT
(QL)
GLUCOCARD
EXPRESSION
GLUCOCARD SHINE
GLUCOCARD SHINE
CONNEX METER
GLUCOCARD SHINE
EXPRESS METER
GVOKE (QL)
KORLYM* (PA)
MAGELLAN
INSULIN SAFETY
SYRNG
MINIMED
RESERVOIR
MONOJECT
INSULIN SAFETY
SYRNG
PARADIGM
RESERVOIR 3 ML
POGO AUTOMATIC
BLOOD GLUC SYS
PRECISION XTRA
MONITOR NFRS
PRECISION XTRA
MONITOR
PRECISION XTRA
KETONE-GLUC KIT
RIOMET
RIOMET ER
TRUETRACK BLOOD
GLUCOSE SYSTEM
TRUE METRIX
ULTIGUARD SAFE
1ML 30G 12.7MM

Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
metformin 500 mg/5 ml solution	MOUNJARO (PA,QL)	ULTIGUARD
metformin 850 mg/8.5ml cup	OMNIPOD DASH PODS (GEN 4) (QL)	SAFE0.3ML 30G 12.7MM
MICROLET NEXT LANCING DEVICE	OMNIPOD 5 G6 PODS (GEN 5) (QL)	ULTIGUARD
MONOJECT	OMNIPOD CLASSIC PODS (GEN 3) (QL)	SAFEPACK 1ML 31G 8MM
MONOJECT INSULIN SYRINGE	ONETOUCH ULTRA TEST STRIP	ULTIGUARD SAFEPK 0.3ML 31G 8MM
MULTI-LANCET PARADIGM	ONETOUCH ULTRAMINI	
RESERVOIR 1.8 ML PRO COMFORT	ONETOUCH VERIO FLEX METER	
INSULIN SYRINGE	ONETOUCH VERIO IQ METER	
PRODIGY INSULIN SYRINGE	ONETOUCH VERIO METER	
SURE COMFORT INSULIN SYRINGE	ONETOUCH VERIO REFLECT METER	
TECHLITE INSULIN SYRINGE	ONETOUCH VERIO TEST STRIP	
TOPCARE ULTRA COMFORT	OZEMPIC (PA, QL)	
TRUE COMFORT 0.5 ML 31GX5/16", 1 ML 31GX5/16"	QTERN (QL, ST)	
TRUE COMFORT PRO INSULIN SYRINGE	RYBELSUS (PA, QL)	
TRUEPLUS SYRINGE	SAFETYGLIDE INSULIN SYRINGE, SYRINGE	
ULTICARE	SOLIQUA 100-33	
ULTICARE INSULIN SYRINGE	SYMLINPEN	
ULTIGUARD	SYNJARDY (QL, ST)	
SAFE0.5ML 30G 12.7MM	SYNJARDY XR (QL, ST)	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	TRESIBA (QL)	
ULTRA COMFORT	TRIJARDY XR (ST, QL)	
ULTRA FLO INSULIN SYRINGE	TRULICITY (PA,QL)	
ULTRACARE	V-GO 20-40	
INSULIN SYRINGE	XIGDUO XR (QL, ST)	
VANISHPOINT	XULTOPHY	
VANISHPOINT INSULIN SYRINGE	ZEGALOGUE (QL)	
VEO INSULIN SYRINGE		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIURETICS		
acetazolamide tablet	CAROSPIR	JYNARQUE* (PA)
acetazolamide er capsule	DIURIL	MAXZIDE
bumetanide tablet	KERENDIA (PA, QL)	
chlorthalidone		
eplerenone		
furosemide solution, tablet		
hydrochlorothiazide		
spironolactone		
triamterene-hctz		
EAR MEDICATIONS		
ciprofloxacin-dexamethasone	CIPRO HC	CIPRODEX
neomycin-polymyxin b-hydrocortisone		CIPROFLOXACIN-FLUOCINOLONE
ofloxacin		CORTISPORIN-TC
		DERMOTIC
		OTOVEL
ERECTILE DYSFUNCTION		
sildenafil (QL)	MUSE (QL)	CIALIS (QL, ST)
tadalafil (QL)		STENDRA (QL, ST)
varденаfil (QL)		VIAGRA (QL, ST)
EYE CONDITIONS		
bepotastine	AZASITE	ACUVAIL
bimatoprost (QL)	BESIVANCE	ALREX
brimonidine	BETOPTIC S	BESIVANCE
brimonidine tartrate-timolol	BROMSITE	CYSTADROPS* (PA, QL)
brinzolamide	CEQUA	CYSTARAN* (PA, QL)
ciprofloxacin	EYSUVIS (QL)	ILEVRO
cyclosporine	FLAREX	LUCENTIS* (PA)
difluprednate	FML FORTE 0.25% EYE DROPS	NEVANAC
dorzolamide-timolol	FML S.O.P. 0.1% OINTMENT	OXERVATE* (PA)
erythromycin	INVELTYS	PROLENSA
fluorometholone	LOTEMAX 0.5% EYE OINTMENT	RHOPRESSA
ketorolac solution	LOTEMAX SM	ROCKLATAN
latanoprost	SIMBRINZA	TEPEZZA* (PA)
loteprednol	TOBRADEX EYE OINTMENT	TIMOPTIC-XE
moxifloxacin eye drops	TOBRADEX ST	ZIRGAN
neomycin-polymyxin b-dexamethasone	XIIDRA	ZYLET
	ZERVIATE	

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

ofloxacin
 polymyxin
 b sulfate-
 trimethoprim
 prednisolone
 timolol
 tobramycin
 tobramycin-
 dexamethasone
 travoprost

FEMININE PRODUCTS

GYNAZOLE 1
 miconazole 3
 200mg
 terconazole

GASTROINTESTINAL/HEARTBURN

ANUCORT-HC
 balsalazide
 cinacalcet*
 constulose
 dexlansoprazole dr
 (QL)
 dicyclomine
 capsule, solution,
 tablet
 dronabinol
 esomeprazole
 20 mg capsule,
 40 mg capsule,
 packets (QL)
 famotidine
 40 mg/5 ml
 suspension, 20
 mg tablet, 40 mg
 tablet
 GAVILYTE-C+
 GAVILYTE-G+
 GAVILYTE-N+
 HEMMOREX-HC
 hydrocortisone
 lansoprazole (QL)
 lubiprostone
 mesalamine
 mesalamine dr
 mesalamine er
 metoclopramide
 solution, tablet
 misoprostol

CLENPIQ+
 ENTYVIO*^ (PA)
 LINZESS
 LITHOSTAT
 NEXIUM DR 2.5 MG
 PACKET (QL)
 NEXIUM DR 5 MG
 PACKET (QL)
 PANCREAZE
 SUTAB+
 TRULANCE
 VIBERZI

APRISO
 BONJESTA
 CANASA
 CARAFATE
 CHOLBAM* (PA)
 CUVPOSA
 CYTOTEC
 DICLEGIS
 GATTEX* (PA)
 HYOSCYAMINE
 SULFATE 0.5 MG/
 ML
 LEVBIID
 LEVSIN
 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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont.)

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
 promethegan
 rabeprazole tablet
 (QL)
 scopolamine
 sucralfate

URSO FORTE
 VARUBI (PA, QL)
 VIOKACE
 XERMEL0* (PA)

HORMONAL AGENTS

AMABELZ
 budesonide dr
 budesonide ec
 budesonide er (PA,
 QL)
 cabergoline (QL)
 desmopressin*
 dexamethasone
 intensol
 DOTTI (QL)
 estradiol (once
 weekly)
 estradiol 10mcg
 vaginal insert (QL)
 estradiol (twice
 weekly) (QL)
 estradiol-
 norethindrone
 EUTHYROX
 FENSOLVI*
 fyremadel*^ (PA)
 LEVO-T
 levothyroxine
 tablet

ANDRODERM (PA,
 QL)
 CETROTIDE*^ (PA)
 COMBIPATCH
 DUAVEE
 ESTRING (QL)
 ESTROGEL
 FORTEO* (PA, QL)
 GENOTROPIN* (PA)
 LUPRON DEPOT*
 (PA)
 LUPRON DEPOT-
 PED* (PA)
 MEDROL 2 MG
 TABLET
 MYFEMBREE
 (PA,QL)
 OMNITROPE* (PA)
 ORIAHNN (PA, QL)
 ORILISSA (PA, QL)
 PREMARIN TABLET,
 VAGINAL CREAM
 APPLICATOR

ACTHAR GEL* (PA)
 ACTIVELLA
 ANDROGEL (PA, QL)
 ANGELIQ
 AYGESTIN
 BIJUVA
 CORTROPHIN* (PA)
 CRINONE 4% (PA)
 CYTOMEL
 DEPO-
 TESTOSTERONE
 EMFLAZA* (PA)
 EVAMIST
 INTRAROSA (QL)
 ISTURISA* (PA, QL)
 LANREOTIDE* (PA)
 LUPANETA PACK*
 (PA)
 MEDROL 8MG,
 16MG, 32MG
 TABLET
 MEDROL 4 MG
 DOSEPAK

Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS (cont.)

LEVOXYL	PREMARIN TABLET,	MENOSTAR (QL)
liothyronine	VAGINAL CREAM	OSPHENA (QL)
LYLLANA (QL)	APPLICATOR	PROMETRIUM
medroxy-	PREMPHASE	RAYALDEE
progesterone	PREMPRO	SANDOSTATIN LAR
methyl-	SEROSTIM* (PA)	DEPOT* (PA)
prednisolone	SKYTROFA (PA, QL)	SUPPRELIN LA* (PA)
millipred	SOMATULINE	TESTOPEL (PA)
MIMVEY	DEPOT* (PA)	TRIOSTAT
norethindrone	SOMAVERT* (PA)	UNITHROID
NP THYROID	TRIPTODUR* (PA)	
prednisone		
prednisone		
intensol		
prednisolone		
solution		
prednisolone odt		
prednisolone		
sodium		
phosphate		
progesterone vial*		
testosterone (PA,		
QL)		
testosterone		
cypionate		
YUVAFEM (QL)		

INFECTIONS

acyclovir capsule,	BARACLUDE	AEMCOLO (QL)
suspension, tablet	SOLUTION*	ALINIA
albendazole	CIPRO 5, 10%	ANCOBON
amoxicillin	SUSPENSION	ARIKAYCE* (PA)
amoxicillin-	CLEOCIN 75 MG	BACTRIM
clavulanate er	CAPSULE	BACTRIM DS
amoxicillin-	EPCLUSA* (PA, QL)	BAXDELA (PA)
clavulanate	EURAX 10% CREAM	BICILLIN L-A
atovaquone	FIRVANQ	CAYSTON* (PA, QL)
atovaquone-	HARVONI* (PA, QL)	CIPRO 250, 500 MG
proguanil	LAGEVRIO (EUA)	TABLET
AVIDOXY	(QL)	DARAPRIM* (PA)
azithromycin	PAXLOVID (QL)	DIFICID (QL)
packet,	PEGASYS* (PA)	e.e.s. 400
suspension, tablet	SOVALDI* (PA, QL)	ELIMITE
cefadroxil	THALOMID* (PA)	ERYPED 200
cefdinir	TOBI PODHALER*	ERY-TAB DR
cefpodoxime	(PA, QL)	EURAX 10% LOTION
cefuroxime tablet	VEMLIDY*	FLAGYL
cephalexin	VOSEVI* (PA, QL)	HIPREX
ciprofloxacin	XIFAXAN (QL)	KITABIS PAK* (PA,
clarithromycin		QL)

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

clarithromycin er		LIVTENCITY* (PA,
clindamycin		QL)
clindamycin		MACROBID
(pediatric)		MACRODANTIN
COREMINO ER (QL)		MALARONE (PA)
dapsone tablets		MONUROL
doxycycline		NATROBA
capsule, tablet		NUZYRA TABLET*
doxycycline		(PA, QL)
monohydrate		PLAQUENIL (PA)
EMVERM		posaconazole
entecavir* (QL)		suspension
erythromycin		PREVMIS TABLET*
erythromycin		PRIFTIN
ethylsuccinate		SIVEXTRO TABLET
famciclovir		(PA)
fluconazole		SKLICE
flucytosine		sulfatrim
fosfomycin		SYNAGIS* (PA)
tromethamine		TAMIFLU (QL)
hydroxy-		URIBEL
chloroquine		VALTREX
itraconazole		VFEND (PA)
levofloxacin		VFEND IV
solution, tablet		XENLETA 600MG
methenamine		TABLET (PA, QL)
metronidazole gel,		XOFLUZA (QL)
capsule, tablet		ZEPATIER* (PA, QL)
minocycline		ZITHROMAX
minocycline er		ZITHROMAX TRI-
tablet (QL)		PAK
mondoxyne nl		ZYVOX
nitazoxanide		SUSPENSION,
nitrofurantoin		TABLET (PA)
nitrofurantoin		
monohydrate-		
macrocrystal		
nystatin		
suspension, tablet		
oseltamivir (QL)		
penicillin v		
potassium		
permethrin		
posconazole tablet		
sulfamethoxazole-		
trimethoprim		
suspension, tablet		
terbinafine		
tetracycline		

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

tobramycin
ampule* (PA, QL)
valacyclovir
valganciclovir
vancomycin
capsule, solution
vandazole
voriconazole (PA)

INFERTILITY

TIER 1	TIER 2	TIER 3
CHORIONIC-GONADO-TROPIN*^ (PA)	CRINONE 8% GEL^ ENDOMETRIN^ GONAL-F*^ (PA) NOVAREL*^ (PA) OVIDREL*^ (PA) PREGNYL*^ (PA)	CRINONE 8%^ (PA) FOLLISTIM* (PA) MAKENA* (PA) MENOPUR*^ (PA)

MISCELLANEOUS

TIER 1	TIER 2	TIER 3
ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX LANCETS deferiprone* (PA) disulfiram MICROLET ONETOUCH DELICA PLUS LANCET ONETOUCH LANCETS sapropterin* (PA) sodium chloride inhalation vial, irrigation solution vial TECHLITE LANCETS	ACCU-CHEK SAFE-T-PRO 23G LANCETS ACCU-CHEK MULTICLIX LANCETS CERDELGA* (PA) DROPLET LANCETS MICROLET NITYR* (PA) ONETOUCH DELICA ONETOUCH LANCETS STRENSIQ* (PA) VIVITROL*	ADDYI (QL) AUSTEDO* (PA) BOTOX* (PA) CEREZYME* (PA) DYSPOUR* (PA) EVRYSDI* (PA) FORA GTEL KETONE TEST STRIP GALAFOLD* (PA) GOJJI BLOOD KETONE TEST STRIP HYPER-SAL INGREZZA* (PA) INGREZZA INITIATION PACK* (PA, QL) KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT NOVAMAX PLUS NUEDEXTA (QL) MYALEPT* (PA) ORFADIN* (PA) PALYNZIQ* (PA) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA RADICAVA ORS* (PA,QL) RADICAVA* (PA)

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

SPINRAZA* (PA)
TEGSEDI* (PA)
TIGLUTIK* (PA)
TRUEPLUS KETONE
TEST STRIP
VOXZOGO* (PA)
VYLEESI* (PA, QL)
VYNDAMAX* (PA,
QL)

MULTIPLE SCLEROSIS

TIER 1	TIER 2	TIER 3
dalfampridine er* (PA) dimethyl fumarate* glatiramer acetate* glatopa*	AVONEX* (PA) BAFIERTAM* (PA) BETASERON* (PA) KESIMPTA PEN* (PA) MAYZENT* (PA) OCREVUS* (PA) PLEGRIDY* (PA) PONVORY* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA)	FIRDAPSE* (PA, QL) MAVENCLAD* (PA)

NUTRITIONAL/DIETARY

TIER 1	TIER 2	TIER 3
betaine* calcitriol cyanocobalamin injection dodex fluoride+ folic acid^+ klor-con Klor-CON 8, 10 MEQ TABLET lanthanum MULTI-VITAMIN-W- FLUORIDE-IRON+ MULTIVITAMIN WITH FLUORIDE+ MULTIVITAMIN- IRON-FLUORIDE sevelamer sevelamer carbonate taron-prex prenatal TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^	CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY LOKELMA MONOFERRIC (PA) NEEVO DHA OB COMPLETE DHA OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER PRENATE CHEWABLE PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL	ACCRUFER AURYXIA (QL) CITRANATAL BLOOM DRISDOL FLORIVA+ K-TAB ER INFUVITE ADULT PERRY PRENATAL+ PHOSLYRA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ POTASSIUM CL 2 MEQ/ML CONC PRENATAL FORMULA-DHA+ PRENATE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

VITAMINS A,C,D AND FLUORIDE+	PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE TRI-VI-FLOR+ VELPHORO VELTASSA	QUFLORA PEDIATRIC 0.5 MG/ ML DROP+ ROCALTROL
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OSTEOPOROSIS PRODUCTS

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

acetaminophen-codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) colchicine 0.6 mg cyclobenzaprine diclofenac 1% gel (QL) diclofenac dr diclofenac ec EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) fentanyl (PA)	ACTEMRA* (PA, QL) ADALIMUMAB-ADAZ (CF) (PA, QL) AIMOVIG (PA) AJOVY (PA) AVSOLA*^ (PA) BELBUCA (QL) CIMZIA* (PA, QL) CYLTEZO (PA, QL) DUPIXENT* (PA) DUROLANE* (PA) EMGALITY (PA) ENBREL* (PA, QL) EUFLEXXA* (PA) FLECTOR (PA, QL) GELSYN-3* (PA) HUMIRA (PA, QL) HYRIMOZ (PA, QL) HYSINGLA ER (PA) INFLECTRA*^ (PA) LICART (PA, QL) MITIGARE NUCYNTA (PA)	ARAVA ARCALYST* (PA) BENLYSTA* (PA) BUPRENEX9PA0 BUTRANS (QL) CELEBREX (QL, ST) COSENTYX* (PA,QL) DEPEN* (PA, QL) EC-NAPROSYN (ST) FEXMID GABLOFEN GEL-ONE* (PA) GENVISC 850* (PA) GLASSIA* HYALGAN* (PA) HYMOVIS* (PA) ILARIS* (PA) ILUMYA* (PA, QL) KEVZARA* (PA, QL) KINERET* (PA,QL) LAZANDA (PA) MONOVISC* (PA) NAPROSYN (ST) NUCYNTA ER (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

frovatriptan (QL) GLYDO hydrocodone-acetaminophen (PA) hydromorphone (PA) hydromorphone er (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine 5% ointment (QL) lidocaine 5% patch lidocaine-prilocaine lidocaine viscous meloxicam tablet metaxalone methocarbamol morphine (PA) morphine er (PA) nabumetone NALOCET (PA) oxycodone (PA) oxycodone er (PA) oxycodone-acetaminophen (PA) penicillamine* (PA, QL) PROLATE TABLET (PA) rizatriptan (QL) sumatriptan (QL) sumatriptan succ-naproxen sod (QL) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM	NURTEC ODT (PA, QL) OTEZLA* (PA, QL) OTREXUP (PA) PROCTOFOAM-HC QULIPTA (PA, QL) REDITREX (PA) RINVOQ* (PA, QL) SAVELLA SIMPONI 100 MG/ML* (PA, QL) SIMPONI ARIA* (PA) STELARA* (PA, QL) TALTZ* (PA, QL) TREMIFYA* (PA,QL) TRUDHESA (PA,QL) UBRELVY (PA, QL) XELJANZ XR* (PA, QL) XELJANZ* (PA, QL) XTAMPZA ER (PA) ZTLIDO	OLUMIANT* (PA, QL) ORENCIA* (PA, QL) ORTHOVISC* (PA) OXAYDO (PA) PERCOCET (PA) PROCORT RENFLEXIS* (PA) ROBAXIN ROXYBOND (PA) SILIQ* (PA, QL) SIMPONI* 50MG/0.5ML (PA, QL) SUPARTZ FX* (PA) SYNVISC* (PA) SYNVISC-ONE* (PA) TRILURON* (PA) TRIVISC* (PA) VISCO-3* (PA) XIAFLEX* (PA) ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA) ZYLOPRIM
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Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PARKINSON'S DISEASE

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

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

SEIZURE DISORDERS

carbamazepine	FYCOMPA (PA, QL)	APTIOM (PA, QL)
carbamazepine er	NAYZILAM (PA, QL)	BANZEL (PA, QL)
clonazepam	VIMPAT 10 MG/ML SOLUTION	BRIVIACT ORAL SOLUTION, TABLET (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 (PA)
lamotrigine (green)		
lamotrigine (orange)		
lamotrigine er		

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

lamotrigine er		EPIDIOLEX* (PA)
lamotrigine odt		FINTEPLA* (PA)
lamotrigine odt (blue)		FYCOMPA (PA, QL)
lamotrigine odt (green)		KLONOPIN (PA)
lamotrigine odt (orange)		LYRICA ORAL SOLUTION (PA)
levetiracetam solution, tablet		NEURONTIN (PA)
levetiracetam er		OXTELLAR XR (PA)
oxcarbazepine		PHENYTEK (PA)
pregabalin capsule, solution		SPRITAM (PA)
ROWEEPRA		TEGRETOL XR (PA)
rufinamide (PA, QL)		TEGRETOL (PA)
SUBVENITE		VALTOCO (PA, QL)
SUBVENITE (BLUE)		VIMPAT 200 MG/20 ML VIAL
SUBVENITE (GREEN)		XCOPRI (PA, QL)
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

SKIN CONDITIONS

ACUTANE	ADBRY* (PA)	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA age)	CIBINQO* (PA, QL)	AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide	EUCRISA (ST)	BRYHALI (ST)
AMNESTEEM	NAFTIN	calcipotriene foam
AVAR CLEANSER	PICATO	CAPEX SHAMPOO (ST)
azelaic acid	PRAMOSONE LOTION	CLEOCINT
betamethasone diprop augmented	SANTYL (QL)	CLINDACIN ETZ KIT
betamethasone dipropionate		CLINDACIN PAC KIT
BP 10-1		CLODERM (ST)
calcipotriene		DOVONEX
calcipotriene-betamethasone		DRYSOL
CLARAVIS		EFUDEX
CLINDACIN ETZ 1% PLEDGET		EVOCLIN
CLINDACIN P 1% PLEDGETS		OPZELURA (PA)
clindamycin 1% foam, gel, lotion, pledget, solution		PLEXION
		REGRANEX (PA, QL)
		TEMOVATE (ST)
		TWYNEO
		VALCHLOR*
		VECTICAL (QL)
		XEPI

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

clindamycin-benzoyl peroxide		
clindamycin		
tretinoin		
clobetasol		
CLOCORTOLONE PIVALATE		
CLODAN		
clotrimazole-betamethasone		
dapsone 5% gel, 7.5% gel pump		
DROPSAFE PREP PADS		
fluorouracil cream, topical solution		
isotretinoin		
ketoconazole		
KETODAN		
metronidazole		
mupirocin		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA age)		
TRIDERM		
ZENATANE		

SLEEP DISORDERS/SEDATIVES

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

SMOKING CESSATION²

bupropion sr+ 150 mg tablet	NICOTROL NS+	APO-VARENICLINE
varenicline+	NICOTROL+	CHANTIX^ (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SUBSTANCE ABUSE

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

TRANSPLANT MEDICATIONS

everolimus 0.25, 0.5 mg tablet*	CELLCEPT VIAL*	ASTAGRAF XL*
mycophenolate mofetil*		CELLCEPT ORAL SUSPENSION, TABLET*
mycophenolic acid*		ENVARUS XR*
sirolimus*		IMURAN*
tacrolimus capsule*		MYFORTIC*
		NEORAL*
		RAPAMUNE*
		REZUROCK* (PA)
		ZORTRESS*

URINARY TRACT CONDITIONS

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

VACCINES

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

		ACTHIB+
		ADACEL TDAP+
		BEXSERO+
		BOOSTRIX TDAP+
		COMIRNATY+
		DAPTACEL DTAP+
		DENGVAXIA+
		DIPHThERIA-TETANUS
		TOXOIDS-PED+
		ENGERIX-B ADULT+
		ENGERIX-B PEDIATRIC-ADOLESCENT+

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

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

		GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W 135-DIP+ M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID (6M-5Y) VACC(EUA)+ MODERNA COVID (12Y UP) VAC(EUA)+ NOVAVAX COVID-19 VACC,ADJ(EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M- 4Y) VACC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAPIPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES (cont.)

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

		TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+
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VITAMINS

		POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+
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WEIGHT MANAGEMENT

megestrol suspension		
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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).