



# Cigna Healthcare Standard 3-Tier Prescription Drug List

Coverage as of January 1, 2025

Offered by: Cigna Health and Life Insurance Company or its affiliates.

595200 v Standard 3-Tier 02/2025 © 2025 Cigna Healthcare.





What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
List of medications	6
Frequently Asked Questions (FAQs)	31
Exclusions and limitations for coverage	35

### View your drug list online

This document was last updated on 02/01/2025.\* Go online to get real-time information about the medications your plan covers.

- **Cigna.com/druglist.** Select **Standard 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.
- **myCigna® App<sup>1</sup> or myCigna.com®.** As soon as your new plan year starts, log into your account and use the Price a Medication tool.

### Questions?

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

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

Last updated: 02/01/2025, for changes starting 01/01/2025

Next planned update: 03/01/2025, for changes starting 07/01/2025

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Standard 3-Tier Prescription Drug List as of January 1, 2025. Medications are listed alphabetically by the condition they treat.

The drug list is updated on a regular basis, so this document doesn't show all of the medications your plan covers. Also, your plan may not cover every medication on this list. Log in to the **myCigna App** or **myCigna.com** to see the most up-to-date list of covered medications.

## How to read this drug list

Use the chart below to understand how medications are covered.\*

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	Tier	Notes
amlodipine	1	
amlodipine-valsartan	1	
atenolol	1	
AVAPRO	3	ST
BIDIL	3	QL
CARDIZEM LA	3	QL
cartia xt	1	
carvedilol	1	
carvedilol er	1	QL
clonidine	1	
CORLANOR 5MG/5ML ORAL SOLUTION	2	SP, PA
COZAAR	3	ST
diltiazem tablet	1	
diltiazem 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	QL
diltiazem 24hr er (xr)	1	
dilt xr	1	
DIOVAN	3	ST
DIOVAN HCT	3	ST
ENTRESTO	2	QL
flecainide	1	
HYZAAR	3	ST
irbesartan	1	
labetalol tablet	1	
lisinopril	1	

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

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

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

Medications that may have extra coverage requirements or may be covered in a certain way have an **abbreviation** listed next to them in the Notes column

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

Generic medications are in all **lowercase letters**

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

## 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.

## 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.

<b>Tier 1</b>	<b>Generic Medications.</b> Generics have the same strength and active ingredients as brand-name medications, but often cost much less. <b>These medications are covered at your plan's lowest cost-share.</b>	\$
<b>Tier 2</b>	<b>Preferred Brand Medications.</b> These medications typically have a lower-cost generic alternative available.	\$\$
<b>Tier 3</b>	<b>Non-Preferred Brand Medications.</b> These medications typically have a generic and/or preferred brand alternative.	\$\$\$

## Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

<b>PA</b>	<b>Prior Authorization*</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements for the medication.
<b>QL</b>	<b>Quantity Limit*</b> – Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more.
<b>ST</b>	<b>Step Therapy*</b> – Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication.
<b>AGE</b>	<b>Age Requirement*</b> – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage.
<b>SP</b>	This is a <b>specialty medication</b> , which is used to treat a complex medical condition. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage.

\* 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.

## Letters (acronyms) in the Notes column (cont.)

<b>PPACA</b>	Health care reform under the <b>Patient Protection and Affordable Care Act (PPACA)</b> requires plans to cover this preventive medication/product at 100%, or no cost-share (\$0), to you.
<b>OC</b>	Plans can choose to <b>offer coverage</b> of certain medications, products and/or drug classes that aren't typically covered. In this drug list, these medications/products have <b>OC</b> next to them. Log in to the <b>myCigna App</b> or <b>myCigna.com</b> 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	18, 19
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	19, 20
ALZHEIMER'S DISEASE	6	INFECTIONS	20-22
ANXIETY/DEPRESSION/BIPOLAR DISORDER	7	INFERTILITY	22
ASTHMA/COPD/RESPIRATORY	7, 8	MISCELLANEOUS	22, 23
ATTENTION DEFICIT HYPERACTIVITY DISORDER	8	MULTIPLE SCLEROSIS	23
BLOOD MODIFIERS/BLEEDING DISORDERS	8, 9	NUTRITIONAL/DIETARY	23, 24
BLOOD PRESSURE/HEART MEDICATIONS	9, 10	OSTEOPOROSIS PRODUCTS	24
BLOOD THINNERS/ANTI-CLOTTING	10	PAIN RELIEF AND INFLAMMATORY DISEASE	24-26
CANCER	10-12	PARKINSON'S DISEASE	26
CHOLESTEROL MEDICATIONS	12	SCHIZOPHRENIA/ANTI-PSYCHOTICS	26
CONTRACEPTION PRODUCTS	12-15	SEIZURE DISORDERS	27
COUGH/COLD MEDICATIONS	15	SKIN CONDITIONS	27, 28
DENTAL PRODUCTS	15	SLEEP DISORDERS/SEDATIVES	28
DIABETES	15-17	SMOKING CESSATION	28
DIURETICS	17	SUBSTANCE ABUSE	28, 29
EAR MEDICATIONS	17	TRANSPLANT MEDICATIONS	29
ERECTILE DYSFUNCTION	17	URINARY TRACT CONDITIONS	29
EYE CONDITIONS	17, 18	VACCINES	29, 30
FEMININE PRODUCTS	18	VITAMINS	30
		WEIGHT MANAGEMENT	30

## Cigna Healthcare Standard 3-Tier Prescription Drug List

AIDS/HIV		
Medication	Tier	Notes
abacavir-lamivudine	1	SP, PA
APRETUDE	3	SP, PA, PPACA
BIKTARVY	2	SP, QL
CABENUVA	3	SP, PA, OC
CIMDUO	3	SP, PA
DESCOVY 200-25 MG TABLET	2	SP, PPACA
DOVATO	2	SP, QL
efavirenz-emtricitabine-tenofovir	1	SP, QL
emtricitabine-tenofovir 200-300 mg	1	SP, PPACA
GENVOYA	2	SP, QL
ISENTRESS	2	SP
ISENTRESS HD	2	SP, PA
JULUCA	2	SP, QL
ODEFSEY	3	SP, PA, QL
PREZCOBIX	3	SP, PA
PREZISTA 100 MG/ML SUSPENSION, 75 MG, 150 MG TABLET	2	SP
ritonavir	1	SP
RUKOBIA	3	SP, PA, QL
STRIBILD	3	SP, PA, QL
SYMTUZA	2	SP, QL
tenofovir	1	SP, PA
TIVICAY	2	SP
TIVICAY PD	2	SP
TRIUMEQ	2	SP, QL
TRIUMEQ PD	2	SP, QL

ALLERGY/NASAL SPRAYS		
Medication	Tier	Notes
azelastine 0.1% (137 mcg) spray	1	
azelastine-fluticasone	1	
cromolyn oral concentrate	1	
desloratadine	1	QL

ALLERGY/NASAL SPRAYS (cont.)		
Medication	Tier	Notes
epinephrine 0.15 mg, 0.3 mg auto-injector, spray	1	QL
fluticasone spray	1	
GASTROCROM	3	
GRASTEK	3	PA, QL
hydroxyzine solution, syrup, tablet	1	
hydroxyzine pamoate	1	
ipratropium spray	1	
levocetirizine	1	
mometasone spray	1	QL
ODACTRA	3	PA, QL
olopatadine spray	1	
ORALAIR	3	PA, QL
PATANASE	3	
RAGWITEK	3	PA, QL
VISTARIL	3	

ALZHEIMER'S DISEASE		
Medication	Tier	Notes
ADLARITY	2	PA, QL
ARICEPT	3	
donepezil	1	
donepezil odt	1	
EXELON	3	
memantine	1	
memantine er	1	QL
NAMENDA 5-10 MG TITRATION PACK	2	
NAMENDA XR	3	QL
NAMZARIC	3	QL
pyridostigmine 60 mg cup, solution, tablet	1	
pyridostigmine er	1	
rivastigmine	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

ANXIETY/DEPRESSION/BIPOLAR DISORDER <sup>2</sup>		
Medication	Tier	Notes
alprazolam	1	
alprazolam er	1	
alprazolam intensol	1	
alprazolam odt	1	
alprazolam xr	1	
amitriptyline	1	
bupropion	1	QL
bupropion sr	1	QL
bupropion xl 150 mg, 300 mg tablet	1	QL
bupirone	1	
citalopram solution, tablet	1	QL
clomipramine	1	
desvenlafaxine er 25 mg, 50 mg, 100 mg tablet	1	QL
duloxetine	1	QL
EMSAM	3	QL
escitalopram	1	QL
FETZIMA	3	QL, ST
fluoxetine	1	QL
fluoxetine dr	1	QL
fluvoxamine	1	QL
fluvoxamine er	1	QL
lorazepam oral concentrate, tablet	1	
lorazepam intensol	1	
mirtazapine	1	
NUPLAZID	3	SP, PA
paroxetine	1	QL
paroxetine cr	1	QL
paroxetine er	1	QL
sertraline oral concentrate, tablet	1	QL
SPRAVATO	3	SP, PA
trazodone	1	
TRINTELLIX	2	QL

ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.) <sup>2</sup>		
Medication	Tier	Notes
venlafaxine	1	QL
venlafaxine er	1	QL
ZURZUVAE	3	SP, PA, QL
ASTHMA/COPD/RESPIRATORY		
Medication	Tier	Notes
ADEMPAS	2	SP, PA
ADVAIR HFA	2	QL
AIRDUO DIGIHALER	3	QL, ST
AIRSUPRA	2	QL
albuterol	1	
albuterol hfa 90 mcg inhaler	1	QL
ALVESCO	2	
ambrisentan	1	SP, PA
ANORO ELLIPTA	2	QL
ASMANEX, ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
BREO ELLIPTA	2	QL
breyna	1	QL
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	3	SP, PA
budesonide inhalation suspension	1	QL
budesonide-formoterol	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	QL
FASENRA PEN	2	SP, PA
fluticasone-salmeterol 100-50, 250-50, 500-50	1	QL
INCRUSE ELLIPTA	2	
KALYDECO	3	SP, PA, QL
LETAIRIS	3	SP, PA
montelukast	1	
NUCALA AUTO-INJECTOR, SYRINGE	2	SP, PA
OFEV	2	SP, PA
OPSUMIT	2	SP, PA

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

# Cigna Healthcare Standard 3-Tier Prescription Drug List

## ASTHMA/COPD/RESPIRATORY (cont.)

Medication	Tier	Notes
OPSYNVI	2	SP, PA, QL
ORENITRAM ER	3	SP, PA
ORENITRAM TITRATION KIT	3	SP, PA, QL
PULMICORT	3	QL
PULMOZYME	2	SP, PA
QVAR REDIHALER	2	
SINGULAIR	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMDEKO	3	SP, PA, QL
TEZSPIRE 210 MG/1.91 ML PEN	2	SP, PA, QL
TEZSPIRE 210 MG/1.91 ML SYRINGE	2	SP, PA
TRACLEER 32 MG TABLET FOR SUSPENSION	2	SP, PA
TRELEGY ELLIPTA	2	QL
TRIKAFTA	3	SP, PA, QL
TYVASO DPI	2	SP, PA
TYVASO SOLUTION, KIT	3	SP, PA
UPTRAVI TABLET, TITRATION PACK	2	SP, PA
VIJOICE	3	SP, PA, QL
wixela inhub	1	QL
XOLAIR	2	SP, PA

## ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>2</sup>

Medication	Tier	Notes
ADDERALL	3	PA, ST
ADZENYS XR-ODT	3	PA, QL
atomoxetine	1	QL
AZSTARYS	3	PA, QL, ST
DAYTRANA	3	PA, QL
dexmethylphenidate	1	PA
dexmethylphenidate er	1	PA, QL
dextroamphetamine-amphetamine	1	PA

## ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont.)<sup>2</sup>

Medication	Tier	Notes
dextroamphetamine-amphetamine er	1	PA, QL
DYANAVEL XR	3	PA, QL
EVEKEO ODT	3	PA
FOCALIN	3	PA, ST
guanfacine er	1	
METHYLIN	3	PA
methylphenidate chewable tablet, solution, tablet	1	PA
methylphenidate cd	1	PA, QL
methylphenidate er (cd)	1	PA, QL
methylphenidate er (la)	1	PA, QL
methylphenidate er 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg tablet	1	PA, QL
methylphenidate er capsule	1	PA, QL
methylphenidate la	1	PA, QL
MYDAYIS	3	PA, QL
QUILLICHEW ER	3	PA, QL
QUILLIVANT XR	3	PA, QL
RITALIN	3	PA, ST
VYVANSE	3	PA, QL
XELSTRYM	3	PA, QL

## BLOOD MODIFIERS/BLEEDING DISORDERS

Medication	Tier	Notes
ADVATE	3	SP, PA, OC
ADYNOVATE	2	SP, PA, OC
AFSTYLA	2	SP, PA, OC
ALPHANATE	3	SP, PA, OC
ALTUVIIIO	2	SP, PA, OC
aminocaproic acid solution, tablet	1	SP
ARANESP	2	SP, PA, OC
DOPTELET	2	SP, PA
ELOCTATE	2	SP, PA, OC
EMPAVELI	2	SP, PA
EPOGEN	2	SP, PA, OC

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage



## Cigna Healthcare Standard 3-Tier Prescription Drug List

### BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

Medication	Tier	Notes
ESPEROCT	2	SP, PA, OC
FABHALTA	2	SP, PA, QL
FULPHILA	3	SP, PA
GRANIX	3	SP, PA
HEMLIBRA	3	SP, PA
HUMATE-P	3	SP, PA, OC
JIVI	2	SP, PA, OC
KOGENATE FS	2	SP, PA, OC
KOVALTRY	2	SP, PA, OC
NEULASTA	2	SP, PA
NEULASTA ONPRO	2	SP, PA, OC
NIVESTYM	2	SP
NOVOEIGHT	2	SP, PA, OC
NYVEPRIA	2	SP, PA
PROCRIT	2	SP, PA, OC
PROMACTA	2	SP, PA
RETACRIT	2	SP, PA, OC
STIMUFEND	3	SP, PA
TAVALISSE	2	SP, PA
tranexamic acid 650 mg tablet	1	SP
UDENYCA AUTO-INJECTOR, SYRINGE	2	SP, PA
UDENYCA ONBODY	2	SP, PA, OC
VOYDEYA	2	SP, PA, QL
WILATE	3	SP, PA, OC
XYNTHA	3	SP, PA, OC
XYNTHA SOLOFUSE	3	SP, PA, OC
ZARXIO	2	SP
ZIEXTENZO	3	SP, PA

### BLOOD PRESSURE/HEART MEDICATIONS

Medication	Tier	Notes
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL
amlodipine-valsartan	1	

### BLOOD PRESSURE/HEART MEDICATIONS (cont.)

Medication	Tier	Notes
atenolol	1	
bisoprolol-hctz	1	
CALAN SR	3	
CAMZYOS	3	SP, PA, QL
candesartan	1	
cartia xt	1	
carvedilol	1	
carvedilol er	1	QL
CATAPRES-TTS 1	3	
CATAPRES-TTS 2	3	
CATAPRES-TTS 3	3	
clonidine patch, tablet	1	
CORLANOR ORAL SOLUTION	2	SP, PA
CORLANOR TABLET	2	PA
dilt xr	1	
diltiazem tablet	1	
diltiazem 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	QL
diltiazem 24hr er (xr)	1	
DIOVAN	3	ST
DIOVAN HCT	3	ST
dofetilide	1	QL
droxidopa	1	SP
ENTRESTO	2	QL
flecainide	1	
guanfacine	1	
hydralazine tablet	1	
HYZAAR	3	ST
icatibant	1	SP, PA
irbesartan	1	
labetalol tablet	1	
lisinopril	1	
lisinopril-hctz	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
Medication	Tier	Notes
losartan	1	
losartan-hctz	1	
matzim la	1	
metoprolol er	1	
metoprolol tablet	1	
metirosine	1	PA
MICARDIS	3	QL, ST
MICARDIS HCT	3	QL, ST
MINIPRESS	3	
minoxidil tablet	1	
MULTAQ	2	
nadolol	1	
nebivolol	1	QL
nifedipine	1	
nifedipine er	1	
NITROSTAT	3	
NORLIQVA	2	PA, QL
NORVASC	3	
olmesartan	1	QL
olmesartan-amlodipine-hctz	1	
olmesartan-hctz	1	QL
ORLADEYO	3	SP, PA, QL
prazosin	1	
propranolol er	1	
propranolol solution, tablet	1	
ramipril	1	
ranolazine er	1	QL
sajazir	1	SP, PA
TAKHZYRO	3	SP, PA
taztia xt	1	
TEKURNA HCT	2	
telmisartan	1	QL
telmisartan-hctz	1	QL
tiadylt er	1	

BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
Medication	Tier	Notes
TIAZAC	3	
TIKOSYN	3	PA, QL
VALSARTAN SOLUTION	3	ST
valsartan tablet	1	
valsartan-hctz	1	
verapamil er	1	
verapamil er pm	1	
verapamil sr	1	
verapamil tablet	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	2	PA, QL
ZESTORETIC	3	ST

BLOOD THINNERS/ANTI-CLOTTING		
Medication	Tier	Notes
ARIXTRA	3	SP, QL
BRILINTA	2	
clopidogrel	1	
ELIQUIS	2	PA
enoxaparin	1	SP, QL
fondaparinux	1	SP, QL
FRAGMIN	2	SP, QL
jantoven	1	
LOVENOX	3	SP, QL
PLAVIX	3	
prasugrel	1	
warfarin	1	
XARELTO	2	PA
ZONTIVITY	3	

CANCER		
Medication	Tier	Notes
abiraterone	1	SP, PA
AKEEGA	3	SP, PA, QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

CANCER (cont.)		
Medication	Tier	Notes
ALECENSA	2	SP, PA, QL
anastrozole	1	PPACA
ARIMIDEX	3	
AYVAKIT	3	SP, PA, QL
BOSULIF	3	SP, PA, QL
BRUKINSA	2	SP, PA, QL
CABOMETYX	2	SP, PA
CALQUENCE	2	SP, PA
capecitabine	1	SP, PA
COMETRIQ	3	SP, PA, QL
COTELLIC	2	SP, PA
ERIVEDGE	2	SP, PA
ERLEADA	2	SP, PA
everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet, tablet for suspension	1	SP, PA, QL
exemestane	1	PPACA
EXKIVITY	3	SP, PA
GAVRETO	3	SP, PA, QL
GLEOSTINE	2	
hydroxyurea	1	
IBRANCE	3	SP, PA, QL
imatinib	1	SP, QL
IMBRUVICA	2	SP, PA, QL
INLYTA	3	SP, PA
JAKAFI	3	SP, PA, QL
JYLAMVO	3	
KISQALI	2	SP, PA, QL
KISQALI FEMARA CO-PACK	2	SP, PA, QL
lenalidomide	1	SP, PA, QL
LENVIMA	2	SP, PA
letrozole	1	
LONSURF	3	SP, PA
LORBRENA	3	SP, PA, QL
LUMAKRAS	3	SP, PA, QL

CANCER (cont.)		
Medication	Tier	Notes
LUPRON DEPOT 7.5 MG KIT, 22.5 MG 3 MONTH KIT, 45 MG 6 MONTH KIT, 4 MONTH KIT	3	SP, PA, OC
LYNPARZA	2	SP, PA, QL
MEKINIST	2	SP, PA, QL
mercaptopurine	1	
methotrexate 2.5 mg tablet, 25 mg/ml, 50 mg/2 ml, 250 mg/10 ml, 1 gram/40 ml vial	1	
NERLYNX	3	SP, PA
NINLARO	3	SP, PA, QL
NUBEQA	2	SP, PA
ODOMZO	2	SP, PA
ORGOVYX	3	SP, PA
PHESGO	3	SP, PA, OC
PIQRAY	2	SP, PA
POMALYST	2	SP, PA, QL
RETEVMO	3	SP, PA, QL
REVLIMID	2	SP, PA, QL
ROZLYTREK	3	SP, PA
RUBRACA	2	SP, PA, QL
SCEMBLIX	2	SP, PA, QL
STIVARGA	2	SP, PA, QL
TAFINLAR	2	SP, PA, QL
TAGRISSO	3	SP, PA
TALZENNA	3	SP, PA, QL
tamoxifen	1	PPACA
TASIGNA	2	SP, PA, QL
temozolomide	1	SP, PA
TIBSOVO	3	SP, PA
TREXALL	2	
TUKYSA	3	SP, PA
VENCLEXTA STARTING PACK, TABLET	2	SP, PA

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

### CANCER (cont.)

Medication	Tier	Notes
VERZENIO	2	SP, PA, QL
VITRAKVI	3	SP, PA
VIZIMPRO	3	SP, PA
WELIREG	3	SP, PA, QL
XALKORI	3	SP, PA, QL
XELODA	3	SP, PA
XOSPATA	3	SP, PA
XTANDI	2	SP, PA
ZEJULA	2	SP, PA, QL
ZELBORAF	2	SP, PA

### CHOLESTEROL MEDICATIONS

Medication	Tier	Notes
atorvastatin 10 mg, 20 mg tablet	1	PPACA
atorvastatin 40 mg, 80 mg tablet	1	
CADUET	3	QL
DOJOLVI	3	SP, PA
ezetimibe	1	
fenofibrate 43 mg, 50 mg, 67 mg, 130 mg, 134 mg, 150 mg, 200 mg capsule, tablet	1	
fluvastatin	1	PPACA
fluvastatin er	1	PPACA
icosapent ethyl	1	
LIPOFEN	3	ST
lovastatin 10 mg tablet	1	
lovastatin 20 mg, 40 mg tablet	1	PPACA
NEXLETOL	2	PA, QL
NEXLIZET	2	PA, QL
omega-3 acid ethyl esters	1	
pitavastatin	1	QL, PPACA
pravastatin	1	PPACA
REPATHA PUSHTRONEX, SURECLICK, SYRINGE	2	PA
rosuvastatin 20 mg, 40 mg tablet	1	QL

### CHOLESTEROL MEDICATIONS (cont.)

Medication	Tier	Notes
rosuvastatin 5 mg, 10 mg tablet	1	QL, PPACA
simvastatin 5 mg, 80 mg tablet	1	QL
simvastatin 10 mg, 20 mg, 40 mg tablet	1	PPACA
TRICOR	3	ST
VASCEPA	2	PA
ZETIA	3	

### CONTRACEPTION PRODUCTS

Medication	Tier	Notes
afirmelle	1	PPACA
altavera	1	PPACA
alyacen	1	PPACA
amethia	1	PPACA
amethyst	1	PPACA
ANNOVERA	3	
apri	1	PPACA
aranelle	1	PPACA
ashlyna	1	PPACA
aubra	1	PPACA
aubra eq	1	PPACA
aurovela	1	PPACA
aurovela 24 fe	1	PPACA
aurovela fe	1	PPACA
aviane	1	PPACA
ayuna	1	PPACA
azurette	1	PPACA
BALCOLTRA	3	
balziva	1	PPACA
BEYAZ	3	
blisovi 24 fe	1	PPACA
blisovi fe	1	PPACA
briellyn	1	PPACA
camila	1	PPACA
camrese	1	PPACA

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

Tier 1 – Generics  
Tier 2 – Preferred Brands  
Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
QL – Quantity Limit  
ST – Step Therapy

AGE – Age Requirement  
SP – Specialty Medication  
PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
camrese lo	1	PPACA
CAYA CONTOURED	1	PPACA
caziant	1	PPACA
charlotte 24 fe	1	PPACA
chateal	1	PPACA
chateal eq	1	PPACA
cryselle	1	PPACA
cyred	1	PPACA
cyred eq	1	PPACA
dasetta	1	PPACA
daysee	1	PPACA
deblitane	1	PPACA
desogestrel-ethinyl estradiol	1	PPACA
desogestrel-ethinyl estradiol ethinyl estradiol	1	PPACA
dolishale	1	PPACA
drospirenone-ethinyl estradiol	1	PPACA
drospirenone-ethinyl estradiol-levomefolate	1	PPACA
elinest	1	PPACA
ELLA	3	PPACA
eluryng	1	PPACA
emzahn	1	PPACA
enilloring	1	PPACA
enpresse	1	PPACA
enskyce	1	PPACA
errin	1	PPACA
estarylla	1	PPACA
ethynodiol-ethinyl estradiol	1	PPACA
etonogestrel-ethinyl estradiol	1	PPACA
falmina	1	PPACA
FEMCAP	1	PPACA
finzala	1	PPACA
gimmily	1	PPACA

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
hailey	1	PPACA
hailey 24 fe	1	PPACA
hailey fe	1	PPACA
haloette	1	PPACA
heather	1	PPACA
iclevia	1	PPACA
incassia	1	PPACA
isibloom	1	PPACA
jaimiess	1	PPACA
jasmiel	1	PPACA
jencycla	1	PPACA
jolessa	1	PPACA
joyeaux	1	PPACA
juleber	1	PPACA
junel	1	PPACA
junel fe	1	PPACA
junel fe 24	1	PPACA
kaitlib fe	1	PPACA
kalliga	1	PPACA
kariva	1	PPACA
kelnor 1-35	1	PPACA
kelnor 1-50	1	PPACA
kurvelo	1	PPACA
KYLEENA	3	SP, PPACA
larin	1	PPACA
larin 24 fe	1	PPACA
larin fe	1	PPACA
layolis fe	3	PPACA
leena	1	PPACA
lessina	1	PPACA
levonest	1	PPACA
levonorgestrel-ethinyl estradiol	1	PPACA
levonorgestrel-ethinyl estradiol ethinyl estradiol	1	PPACA

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
levonorgestrel-ethinyl estradiol-fe bisglycinate	1	PPACA
levora-28	1	PPACA
LILETTA	3	SP, PPACA
LOESTRIN FE	3	
lojaimiess	1	PPACA
loryna	1	PPACA
low-ogestrel	1	PPACA
lo-zumandimine	1	PPACA
lutra	1	PPACA
lyleq	1	PPACA
lyza	1	PPACA
marlissa	1	PPACA
medroxyprogesterone 150mg/ml syringe, vial	1	PPACA
merzee	1	PPACA
mibelas 24 fe	1	PPACA
microgestin	1	PPACA
microgestin 24 fe	1	PPACA
microgestin fe	1	PPACA
mili	1	PPACA
MIRENA	3	SP, PPACA
mono-linyah	1	PPACA
NATAZIA	3	
necon	1	PPACA
NEXPLANON	2	SP, PPACA
NEXTSTELLIS	3	
nikki	1	PPACA
nora-be	1	PPACA
norelgestromin-ethinyl estradiol	1	PPACA
norethindrone	1	PPACA
norethindrone-ethinyl estradiol	1	PPACA
norethindrone-ethinyl estradiol-fe	1	PPACA
norgestimate-ethinyl estradiol	1	PPACA

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
nortrel	1	PPACA
NUVARING	3	
nylia	1	PPACA
nymyo	1	PPACA
ocella	1	PPACA
PARAGARDT 380-A	3	SP, PPACA
philith	1	PPACA
pimtrea	1	PPACA
pirmella	1	PPACA
portia	1	PPACA
previfem	1	PPACA
reclipsen	1	PPACA
rivelsa	1	PPACA
SAFYRAL	3	
setlakin	1	PPACA
sharobel	1	PPACA
simliya	1	PPACA
simpesse	1	PPACA
SKYLA	3	SP, PPACA
SLYND	3	
sprintec	1	PPACA
sronyx	1	PPACA
syeda	1	PPACA
tarina 24 fe	1	PPACA
tarina fe	1	PPACA
tarina fe 1-20 eq	1	PPACA
taysofy	1	PPACA
TAYTULLA	3	
tilia fe	1	PPACA
tri femynor	1	PPACA
tri-estarylla	1	PPACA
tri-legest fe	1	PPACA
tri-linyah	1	PPACA

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
tri-lo-estarylla	1	PPACA
tri-lo-marzia	1	PPACA
tri-lo-mili	1	PPACA
tri-lo-sprintec	1	PPACA
tri-mili	1	PPACA
tri-nymyo	1	PPACA
tri-previfem	1	PPACA
tri-sprintec	1	PPACA
trivora-28	1	PPACA
tri-vylibra	1	PPACA
tri-vylibra lo	1	PPACA
tulana	1	PPACA
turqoz	1	PPACA
TWIRLA	3	PPACA
tydemy	1	PPACA
velivet	1	PPACA
vestura	1	PPACA
vienva	1	PPACA
viorele	1	PPACA
volnea	1	PPACA
vyfemla	1	PPACA
vylibra	1	PPACA
wera	1	PPACA
WIDE SEAL DIAPHRAGM	1	PPACA
wymzya fe	1	PPACA
xulane	1	PPACA
YASMIN 28	3	
YAZ	3	
zafemy	1	PPACA
zarah	1	PPACA
zovia 1-35	1	PPACA
zumandimine	1	PPACA

COUGH/COLD MEDICATIONS		
Medication	Tier	Notes
brompheniramine-pseudoephedrine-dm	1	
HYCODAN	3	PA, QL
promethazine-dm	1	

DENTAL PRODUCTS		
Medication	Tier	Notes
chlorhexidine 0.12% cup, rinse	1	
CLINPRO 5000	3	
denta 5000 plus	1	
dentagel	1	
doxycycline hyclate 20 mg tablet	1	
FLORIVA	3	PPACA, OC
FLUORIDEX DAILY DEFENSE 1.1%	1	
FLUORIDEX SENSITIVITY RELIEF	3	
JUST RIGHT 5000	3	
oralone	1	
PERIDEX	3	
periogard	1	
PREVIDENT 0.2% RINSE	2	
PREVIDENT 1.1% GEL	3	
PREVIDENT 5000	3	
sodium fluoride	1	
triamcinolone 0.1% paste	1	

DIABETES		
Medication	Tier	Notes
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK CONTROL SOLUTION	1	
ACCU-CHEK FASTCLIX LANCING DEVICE	1	
ACCU-CHEK SOFTCLIX LANCET KIT	1	
BAQSIMI	2	QL
BD AUTOSHIELD DUO PEN NEEDLE	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

DIABETES (cont.)		
Medication	Tier	Notes
BD INSULIN PEN NEEDLE, SYRINGE	1	
BD NANO 2 PEN NEEDLE	1	
BD SAFETYGLIDE INSULIN SYRINGE	1	
BD ULTRA-FINE PEN NEEDLE	1	
BD VEO INSULIN SYRINGE	1	
BYDUREON BCISE	2	PA, QL
BYETTA	2	PA, QL
CEQR SIMPLICITY	2	
CEQR SIMPLICITY INSERTER	2	
CYCLOSET	3	
DEXCOM G6	2	PA, QL
DEXCOM G7 RECEIVER, SENSOR	2	PA, QL
DROPLET INSULIN SYRINGE	1	
DROPLET LANCET	1	
DROPLET GENTEEL LANCING DEVICE	1	
FARXIGA	2	QL, ST
FREESTYLE LIBRE 2 READER, SENSOR	2	PA, QL
FREESTYLE LIBRE 3 READER, SENSOR	2	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 14 DAY READER, SENSOR	2	PA, QL
glimepiride	1	
GLIPIZIDE 2.5 MG TABLET	3	
glipizide 5 mg, 10 mg tablet	1	
glipizide er	1	
glipizide xl	1	
GLUCAGEN HYPOKIT	2	QL
GLUCAGON EMERGENCY KIT	3	QL
GLYXAMBI	2	QL, ST
GUARDIAN RT CHARGER	1	
GUARDIAN TEST PLUG	1	
GVOKE	2	QL
HUMALOG	2	QL
HUMULIN N, HUMULIN R, HUMULIN 70/30	2	QL

DIABETES (cont.)		
Medication	Tier	Notes
INPEN (FOR HUMALOG, NOVOLOG OR FIASP)	1	
INSULIN GLARGINE-YFGN	2	QL
INSULIN LISPRO	2	QL
JANUMET	2	QL, ST
JANUMET XR	2	QL, ST
JANUVIA	2	QL, ST
JARDIANCE	2	QL, ST
LYUMJEV	2	QL
metformin cup, solution, 500 mg, 850 mg, 1000 mg tablet	1	
metformin er 500 mg, 750 mg tablet	1	
MICROLET LANCET	1	
MICROLET 2 LANCING DEVICE	1	
MICROLET NEXT LANCING DEVICE	1	
MOUNJARO	2	PA, QL
OMNIPOD 5 (G6-LIBRE 2 PLUS)	2	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL
OMNIPOD 5 INTRO (G6-LIBRE 2 PLUS)	2	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
OMNIPOD GO PODS	2	QL
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OZEMPIC	2	PA, QL
PARADIGM RESERVOIR	1	
pioglitazone	1	
RIOMET	3	
RYBELSUS	2	PA, QL
SEMGLEE (YFGN)	2	QL
SEMGLEE (YFGN) PEN	2	QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage



## Cigna Healthcare Standard 3-Tier Prescription Drug List

### DIABETES (cont.)

Medication	Tier	Notes
SOLIQUA 100-33	2	
SYMLINPEN	2	
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TECHLITE INSULIN SYRINGE	1	
TRESIBA	2	QL
TRIJARDY XR	2	QL, ST
TRUEPLUS INSULIN SYRINGE	1	
TRULICITY	2	PA, QL
V-GO	2	
XIGDUO XR	2	QL, ST
ZEGALOGUE	2	QL

### DIURETICS

Medication	Tier	Notes
acetazolamide tablet	1	
acetazolamide er	1	
bumetanide tablet	1	
CAROSPIR	2	PA
chlorthalidone	1	
DIURIL	2	
eplerenone	1	
furosemide solution, tablet	1	
hydrochlorothiazide	1	
JYNARQUE	3	SP, PA
KERENDIA	2	PA, QL
spironolactone	1	
tolvaptan	1	SP

### EAR MEDICATIONS

Medication	Tier	Notes
CIPRO HC	2	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE	3	
DERMOTIC	3	
neomycin-polymyxin-hc	1	

### EAR MEDICATIONS (cont.)

Medication	Tier	Notes
ofloxacin 0.3% ear drops	1	
OTOVEL	3	

### ERECTILE DYSFUNCTION

Medication	Tier	Notes
CAVERJECT	3	PA, AGE, QL, OC
CIALIS	3	QL, ST, OC
EDEX	3	PA, AGE, QL, OC
MUSE	2	PA, AGE, QL, OC
sildenafil tablet	1	QL, OC
STENDRA	3	QL, ST, OC
tadalafil	1	QL, OC
vardeafil	1	QL, OC
VIAGRA	3	QL, ST, OC

### EYE CONDITIONS

Medication	Tier	Notes
ACUVAIL	3	
ALREX	3	
AZASITE	2	
BESIVANCE	2	
BETOPTIC S	2	
bimatoprost drops	1	QL
brimonidine drops	1	
brimonidine-timolol	1	
brinzolamide	1	
bromfenac drops	1	
BROMSITE	2	
CEQUA	2	
ciprofloxacin drops	1	
cyclosporine 0.05% eye emulsion	1	
CYSTADROPS	3	SP, PA, QL
CYSTARAN	3	SP, PA, QL
difluprednate	1	
dorzolamide-timolol	1	
erythromycin ointment	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

EYE CONDITIONS (cont.)		
Medication	Tier	Notes
EYSUVIS	2	QL
FLAREX	2	
fluorometholone	1	
ILEVRO	3	
INVELTYS	2	
latanoprost	1	
LOTEMAX 0.5% EYE OINTMENT	2	
LOTEMAX SM	2	
loteprednol	1	
MIEBO	2	QL
moxifloxacin drops	1	
neomycin-polymyxin-dexamethasone	1	
ofloxacin drops	1	
OXERVATE	3	SP, PA
polymyxin b sulfate-trimethoprim	1	
prednisolone 1% eye drops	1	
PROLENSA	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	2	
timolol gel-solution, drops	1	
TOBRADEX EYE OINTMENT	2	
TOBRADEX ST	2	
tobramycin drops	1	
tobramycin-dexamethasone	1	
travoprost	1	
TYRVAYA	2	QL
XDEMVI	2	SP, PA, QL
XIIDRA	2	
ZERVIAE	2	
ZIRGAN	3	
ZYLET	3	
FEMININE PRODUCTS		
Medication	Tier	Notes
fem ph	1	

FEMININE PRODUCTS (cont.)		
Medication	Tier	Notes
GYNAZOLE 1	1	
miconazole 3 200 mg suppository	1	
terconazole	1	
GASTROINTESTINAL/HEARTBURN		
Medication	Tier	Notes
alose tron	1	SP
anucort-hc	1	
aprepitant	1	QL
APRISO	3	
BONJESTA	3	
CHOLBAM	3	SP, PA
constulose	1	
CUVPOSA	3	
dexlansoprazole dr	1	QL
dicyclomine capsule, solution, tablet	1	
ENTYVIO VIAL	2	SP, PA, OC
esomeprazole capsule, packet	1	QL
famotidine suspension, 20 mg, 40 mg tablet	1	
GATTEX	3	SP, PA
gavilyte-c	1	PPACA
gavilyte-g	1	PPACA
gavilyte-n	1	PPACA
hemmorex-hc	1	
hydrocortisone enema, suppository	1	
lansoprazole	1	QL
LEVBID	3	
LEVSIN	3	
LEVSIN-SL	3	
LINZESS	2	
LITHOSTAT	2	
lubiprostone	1	
mesalamine	1	
mesalamine dr	1	
mesalamine er	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN (cont.)		
Medication	Tier	Notes
metoclopramide cup, solution, tablet	1	
misoprostol	1	
MOTOFEN	3	
MOVANTIK	2	PA
NEXIUM DR 2.5 MG, 5 MG PACKET	2	QL
NULEV	3	
OCALIVA	3	SP, PA
OLPRUVA	3	SP, PA
omeprazole 10 mg, 20 mg, 40 mg capsule	1	QL
ondansetron	1	
ondansetron odt 4 mg, 8 mg	1	
PANCREAZE	2	
pantoprazole packet, tablet	1	QL
peg 3350-electrolyte	1	PPACA
PENTASA 500 MG CAPSULE	3	
PHEBURANE	2	SP, PA, QL
PREVACID DR CAPSULE	3	QL, ST
PROTONIX SUSPENSION, TABLET	3	QL, ST
rabeprazole tablet	1	QL
RECTIV	3	
RELISTOR SYRINGE, VIAL	3	PA
SANCUSO	3	PA, QL
scopolamine	1	
SFROWASA	3	
sodium sulfate-potassium sulfate-magnesium sulfate	1	PPACA
SUCRAID	3	SP, PA
SUCRALFATE	1	
SYMPROIC	2	PA
TRANSDERM-SCOP	3	
TRULANCE	2	
URSO	3	
URSO FORTE	3	

GASTROINTESTINAL/HEARTBURN (cont.)		
Medication	Tier	Notes
VARUBI	3	PA, QL
VIBERZI	2	
VIOKACE	3	
VOQUEZNA TABLET	3	PA, QL
VOWST	3	SP, PA, QL
XERMELO	3	SP, PA
ZENPEP	2	

  

HORMONAL AGENTS		
Medication	Tier	Notes
ACTIVELLA	3	
amabelz	1	
ANDROGEL	3	PA, QL
ANGELIQ	3	
BIJUVA	3	
budesonide dr	1	
budesonide ec	1	
budesonide er	1	PA, QL
cabergoline	1	QL
CETROTIDE	2	SP, PA, OC
COMBIPATCH	2	
CRINONE 4% GEL	3	PA
CYTOMEL	3	
DEPO-ESTRADIOL	3	
DEPO-TESTOSTERONE	3	
desmopressin ampule, vial	1	SP
desmopressin solution, 10 mcg/0.1 ml spray, tablet	1	
dexamethasone intensol	1	
dotti	1	QL
DUAVEE	2	
EGRIFTA SV	3	SP, PA
EMFLAZA	3	SP, PA
estradiol cream, gel packet, patch, tablet	1	QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

HORMONAL AGENTS (cont.)		
Medication	Tier	Notes
estradiol-norethindrone	1	
ESTRING	2	QL
ESTROGEL	2	
euthyrox	1	
EVAMIST	3	
FENSOLVI	2	SP, PA, OC
fyremadel	1	SP, PA, OC
GENOTROPIN	2	SP, PA
INTRAROSA	3	QL
LANREOTIDE	3	SP, PA, OC
levo-t	1	
levothyroxine tablet	1	
levoxyl	1	
liothyronine tablet	1	
LUPRON DEPOT 3.75 MG, 11.25 MG KIT	2	SP, PA, OC
LUPRON DEPOT-PED	3	SP, PA, OC
lyllana	1	QL
MEDROL 4 MG DOSEPAK, 4 MG, 8 MG, 16 MG TABLET	3	
MEDROL 4 MG DOSEPAK, 4 MG, 8 MG, 16 MG TABLET	3	
MEDROL 2 MG TABLET	2	
medroxyprogesterone	1	
MENOSTAR	3	QL
methylprednisolone dosepack, tablet	1	
mimvey	1	
MYFEMBREE	2	PA, QL
NGENLA	2	SP, PA
norethindrone	1	
np thyroid	1	
OMNITROPE	2	SP, PA
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
OSPHENA	3	QL
prednisone	1	

HORMONAL AGENTS (cont.)		
Medication	Tier	Notes
prednisone intensol	1	
PREMARIN VAGINAL CREAM, TABLET	2	
PREMPHASE	2	
PREMPRO	2	
progesterone capsule	1	
RAYALDEE	3	
SANDOSTATIN LAR DEPOT	3	SP, PA, OC
SEROSTIM	2	SP, PA
SKYTROFA	2	SP, PA
SOMATULINE DEPOT	2	SP, PA, OC
SOMAVERT	2	SP, PA
testosterone gel, gel pump, packet	1	PA, QL
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml	1	
unithroid	3	
XYOSTED	3	PA, QL
yuvafem	1	QL
INFECTIONS		
Medication	Tier	Notes
acyclovir capsule, suspension, tablet	1	
AEMCOLO	3	QL
albendazole	1	
ALINIA	3	
amoxicillin	1	
amoxicillin-clavulanate	1	
amoxicillin-clavulanate er	1	
ANCOBON	3	
ARIKAYCE	3	SP, PA
atovaquone	1	
atovaquone-proguanil	1	
avidoxy	1	
azithromycin packet, suspension, tablet	1	
BACTRIM	3	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

INFECTIONS (cont.)		
Medication	Tier	Notes
BACTRIM DS	3	
BARACLUDE ORAL SOLUTION	2	SP
BAXDELA 450 MG TABLET	3	PA
BEYFORTUS	3	PPACA
CAYSTON	3	SP, PA, QL
cefдинир	1	
cefподохиме	1	
cefуроксиме ахетил	1	
сепһалехин	1	
CIPRO SUSPENSION	2	
CIPRO TABLET	3	
сипрофлохасин	1	
сларитһромисин	1	
сларитһромисин еr	1	
CLEOCIN 75 MG CAPSULE	2	
CLEOCIN 150 MG, 300 MG CAPSULE	3	
слиндамисин капсуле, вагинал крем, селутион	1	
соремино	1	QL
сротан	1	
DIFICID	3	QL
доксициcline моноһдрате	1	
e.e.s. 400	2	
EMVERM	1	
ентесавир	1	SP, QL
EPCLUSA	2	SP, PA, QL
ERYPED 200	3	
ery-tab dr 250 mg tablet	3	
ery-tab dr 333 mg tablet	2	
ERY-TAB DR 500 MG TABLET	3	
erythromycin	1	
famciclovir	1	
FLAGYL	3	
fluconazole	1	
flucytosine	1	

INFECTIONS (cont.)		
Medication	Tier	Notes
fosfomycin	1	
HARVONI	2	SP, PA, QL
hydroxychloroquine	1	
IMPAVIDO	3	PA
itraconazole	1	
KITABIS PAK	3	SP, PA, QL
LAGEVRIO (EUA)	2	QL
levofloxacin solution, tablet	1	
LIKMEZ	3	PA
LIVTENCITY	3	SP, PA, QL
MACROBID	3	
MACRODANTIN	3	
MALARONE	3	PA
methenamine	1	
metronidazole capsule, tablet, vaginal gel	1	
minocycline	1	
minocycline er tablet	1	QL
mondoxylene nl	1	
nitazoxanide	1	
nitrofurantoin capsule, 25 mg/5 ml suspension	1	
NUZYRA 150 MG TABLET	3	SP, PA, QL
nystatin	1	
oseltamivir	1	QL
PAXLOVID	2	QL
PEGASYS	2	SP, PA
penicillin v potassium	1	
permethrin	1	
PLAQUENIL	3	PA
posaconazole suspension, tablet	1	
PREVYMIS TABLET	3	SP
PRIFTIN	3	
SIVEXTRO TABLET	3	PA
SOVALDI	2	SP, PA, QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

INFECTIONS (cont.)		
Medication	Tier	Notes
sulfamethoxazole-tmp suspension, tablet	1	
sulfatrim	3	
TAMIFLU	3	QL
terbinafine	1	
THALOMID	2	SP, PA
TOBI PODHALER	2	SP, PA, QL
tobramycin ampule	1	SP, PA, QL
valacyclovir	1	
valganciclovir	1	
VALTREX	3	
vancomycin capsule, oral solution	1	
vandazole	1	
VEMLIDY	2	SP
VIVJOA	3	SP, PA
VOSEVI	2	SP, PA, QL
XENLETA TABLET	3	PA, QL
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	3	SP, PA, QL
ZITHROMAX PACKET, SUSPENSION, TABLET	3	
ZITHROMAX TRI-PAK	3	
ZYVOX ORAL SUSPENSION, TABLET	3	PA

INFERTILITY		
Medication	Tier	Notes
clomiphene	1	OC
CRINONE 8% GEL	2	OC
ENDOMETRIN	2	OC
FOLLISTIM AQ	3	SP, PA, OC
GONAL-F	2	SP, PA, OC
GONAL-F RFF	2	SP, PA, OC
GONAL-F RFF REDI-JECT	2	SP, PA, OC
MENOPUR	2	SP, PA, OC
NOVAREL	2	SP, PA, OC

INFERTILITY (cont.)		
Medication	Tier	Notes
OVIDREL	2	SP, PA, OC
PREGNYL	2	SP, PA, OC

MISCELLANEOUS		
Medication	Tier	Notes
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ADDYI	3	PA, QL, OC
AEROCHAMBER MINI	2	QL
AEROCHAMBER MV HOLD CHAMBER	2	QL
AEROCHAMBER PLUS FLOW-VU	2	QL
AEROCHAMBER Z-STAT PLUS	2	QL
AEROTRACH HOLDING CHAMBER	2	QL
AEROVENT PLUS HOLDING CHAMBER	2	QL
AUSTEDO	3	SP, PA
AUSTEDO XR	3	SP, PA, QL
AUSTEDO XR TITRATION KIT	3	SP, PA, QL
BERINERT	3	SP, PA, OC
BREATHRITE	2	QL
CARBAGLU	3	SP
CERDELGA	2	SP, PA
cinacalcet	1	SP
CINRYZE	3	SP, PA, OC
CLEVER CHOICE HOLDING CHAMBER	2	QL
COMPACT SPACE CHAMBER	2	QL
CVS KETONE CARE TEST STRIP	1	
deferiprone	1	SP, PA
DROPLET LANCET	1	
EASIVENT	2	QL
EVRYSDI	3	SP, PA
FLEXICHAMBER	2	QL
GALAFOLD	3	SP, PA
HAEGARDA	3	SP, PA
INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	3	SP, PA, QL
KETOSTIX REAGENT	1	
MICROCHAMBER	2	QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

MISCELLANEOUS (cont.)		
Medication	Tier	Notes
MICROSPACER	2	QL
MYALEPT	3	SP, PA
NITYR	2	SP, PA
NUDEXTA	3	QL
ONETOUCH DELICA PLUS LANCET	1	
ONETOUCH ULTRASOFT LANCET	1	
ONETOUCH ULTRASOFT 2 LANCET	1	
OPTICHAMBER DIAMOND	2	QL
ORFADIN	3	SP, PA
PALYNZIQ	3	SP, PA
POCKET CHAMBER	2	QL
POGO AUTOMATIC TEST CARTRIDGE	1	
PRECISION XTR B-KETONE STRIP	1	
PRO COMFORT SPACER WITH MASK	3	QL
PROCARE SPACER WITH MASK	2	QL
RADICAVA ORS	3	SP, PA, QL
RELION KETONE TEST STRIP	1	
RITEFLO SPACER	2	QL
RUCONEST	3	SP, PA, OC
sapropterin	1	SP, PA
sodium chloride	1	
SOFT TOUCH LANCET	1	
SPACE CHAMBER	2	QL
SPACE CHAMBER WITH MASK	2	QL
STRENSIQ	2	SP, PA
TECHLITE LANCET	1	
TEGLUTIK	3	SP, PA
TEGSEDI	3	SP, PA
TIGLUTIK	3	SP, PA
TRUEPLUS KETONE TEST STRIP	1	
VEOZAH	3	QL
VORTEX HOLDING CHAMBER	2	QL
VORTEX VHC FROG MASK	2	QL
VORTEX VHC LADYBUG MASK	2	QL
VOXZOGO	3	SP, PA

MISCELLANEOUS (cont.)		
Medication	Tier	Notes
VYLEESI	3	SP, PA, QL, OC
VYNDAMAX	3	SP, PA, QL
MULTIPLE SCLEROSIS		
Medication	Tier	Notes
AVONEX	2	SP, PA
BAFIERTAM	2	SP, PA
BETASERON	2	SP, PA
dalfampridine er	1	SP, PA
dimethyl	1	SP
FIRDAPSE	3	SP, PA, QL
glatiramer	1	SP
glatopa	1	SP
KESIMPTA PEN	2	SP, PA
MAVENCLAD	2	SP, PA
MAYZENT	2	SP, PA
PLEGRIDY	2	SP, PA
PONVORY	2	SP, PA
REBIF	2	SP, PA
REBIF REBIDOSE	2	SP, PA
VUMERITY	2	SP, PA
NUTRITIONAL/DIETARY		
Medication	Tier	Notes
ACCRUFER	3	OC
AURYXIA	3	QL
betaine anhydrous	1	SP
calcitriol ampule, capsule	1	OC
CYSTADANE	3	SP
FLORIVA CHEWABLE TABLET	2	PPACA
fluoride	1	PPACA, OC
folic acid 1 mg tablet	1	OC
folic acid 1000 mcg tablet	1	
klor-con 8 meq, 10 meq, 20 meq	1	
klor-con m10, m20	1	
klor-con m15	2	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

NUTRITIONAL/DIETARY (cont.)		
Medication	Tier	Notes
K-TAB ER	3	
lanthanum	1	
LOKELMA	2	
ludent fluoride	1	PPACA, OC
multivitamin-fluoride chewable tablet	1	PPACA
mvc-fluoride	2	PPACA
NEEVODHA	2	OC
OB COMPLETE CAPLET	3	OC
OB COMPLETE ONE, PETITE, PREMIER, WITH DHA	2	
PHOSLYRA	3	
POLY-VI-FLOR	2	PPACA
POLY-VI-FLOR WITH IRON CHEWABLE TABLET	2	PPACA
potassium chloride liquid, packet	1	
potassium chloride er	1	
PRENATE CHEWABLE, ESSENTIAL	2	OC
PRENATE DHA, ELITE, ENHANCE, MINI, PIXIE, RESTORE	2	
PRIMACARE	2	
QUFLORA PED DROPS, 1 MG CHEWABLE TABLET	2	PPACA
QUFLORA PED 0.25 MG, 0.5 MG CHEWABLE TABLET	2	
ROCALTROL	3	OC
sevelamer	1	
sodium fluoride	1	PPACA, OC
soluvita	1	PPACA, OC
TRI-VI-FLOR	2	PPACA
tri-vit-fluor	1	PPACA
VELPHORO	2	
VELTASSA	2	
vitamin d2 1.25mg (50,000 unit)	1	OC
vit a,c,d-fluoride	1	PPACA

OSTEOPOROSIS PRODUCTS		
Medication	Tier	Notes
alendronate	1	
BINOSTO	3	ST
EVISTA	3	
FOSAMAX	3	ST
ibandronate tablet	1	
raloxifene	1	PPACA

PAIN RELIEF AND INFLAMMATORY DISEASE		
Medication	Tier	Notes
acetaminophen-codeine	1	PA
ACTEMRA SYRINGE	2	SP, PA, QL
ACTEMRA ACTPEN	2	SP, PA, QL
ADALIMUMAB-ADAZ (CF)	2	SP, PA, QL
ADALIMUMAB-ADB (CF)	2	SP, PA, QL
AIMOVIG	2	PA
AJOVY	2	PA
allopurinol 100 mg, 300 mg tablet	1	
ARAVA	3	
ARCALYST	3	SP, PA
AVSOLA	2	SP, PA, OC
baclofen tablet	1	
BELBUCA	2	QL
BENLYSTA AUTO-INJECTOR, SYRINGE	3	SP, PA
BIMZELX	3	SP, PA, QL
buprenorphine film, patch	1	QL
butalbital-acetaminophen-caffeine	1	QL
BUTRANS	3	QL
carisoprodol	1	
CELEBREX	3	QL, ST
celecoxib	1	QL
CIMZIA	2	SP, PA, QL
colchicine	1	
COSENTYX PEN, SYRINGE	3	SP, PA, QL
cyclobenzaprine	1	
CYLTEZO (CF)	2	SP, PA, QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage



## Cigna Healthcare Standard 3-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
Medication	Tier	Notes
diclofenac 1% gel, 50 mg tablet	1	QL
diclofenac er	1	
DUPIXENT	2	SP, PA
EC-NAPROSYN	3	ST
ec-naproxen	1	
eletriptan	1	QL
EMGALITY	2	PA
ENBREL	2	SP, PA, QL
ENBREL MINI	2	SP, PA, QL
ENBREL SURECLICK	2	SP, PA, QL
endocet	1	PA
ENSPRYNG	3	SP, PA
febuxostat	1	QL
FEXMID	3	
FLECTOR	2	PA, QL
glydo	1	
HUMIRA	2	SP, PA, QL
hydrocodone-acetaminophen	1	PA
hydromorphone solution, suppository, tablet	1	PA
hydromorphone er	1	PA
HYSINGLA ER	2	PA
ibu 400 mg, 600 mg, 800 mg tablet	1	
ibuprofen suspension, 400 mg, 600 mg, 800 mg tablet	1	
ILARIS	3	SP, PA, OC
ILUMYA	3	SP, PA, QL
indomethacin 25 mg, 50 mg capsule, suspension, 50 mg suppository	1	
indomethacin er	1	
INFLECTRA	2	SP, PA, OC
INFLIXIMAB	3	SP, PA, OC
ketorolac carpject, syringe, tablet, vial	1	QL
KEVZARA	3	SP, PA, QL
KINERET	3	SP, PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
Medication	Tier	Notes
leflunomide	1	
LICART	2	PA, QL
lidocaine jelly, ointment, 5% patch, solution	1	QL
lidocaine viscous	1	
meloxicam tablet	1	
methocarbamol tablet	1	
MITIGARE	2	
morphine concentrate, solution, suppository, tablet	1	PA
morphine er	1	PA
NAPROSYN TABLET	3	ST
NUCYNTA	2	PA
NUCYNTA ER	3	PA
NURTEC ODT	2	PA, QL
OLUMIANT	3	SP, PA, QL
OMVOH PEN	2	SP, PA, QL
ORENCIA CLICKJECT, SYRINGE	3	SP, PA, QL
OTEZLA	2	SP, PA, QL
OTREXUP	2	PA
OXAYDO	3	PA
oxycodone	1	PA
OXYCODONE ER	1	PA
oxycodone-acetaminophen	1	PA
PERCOCET	3	PA
PROCTOFOAM-HC	2	
prolate tablet	1	PA
QULIPTA	2	PA, QL
REMICADE	3	SP, PA, OC
RINVOQ	2	SP, PA, QL
rizatriptan	1	QL
ROXYBOND	3	PA
SAVELLA	2	
SIMLANDI(CF)	2	SP, PA, QL
SIMPONI 50 MG/0.5 ML PEN INJECTOR, SYRINGE	3	SP, PA, QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

Medication	Tier	Notes
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	2	SP, PA, QL
SIMPONI ARIA	2	SP, PA
SKYRIZI ON-BODY, PEN, SYRINGE	2	SP, PA, QL
SOTYKTU	2	SP, PA, QL
STELARA 45 MG/0.5 ML SYRINGE, VIAL, 90 MG/ML SYRINGE	2	SP, PA, QL
sumatriptan	1	QL
TALTZ 80 MG/ML AUTO-INJECTOR, SYRINGE	2	SP, PA, QL
tramadol 50 mg tablet	1	QL
tramadol er	1	QL
TREMFYA	2	SP, PA, QL
TYENNE AUTO-INJECTOR, SYRINGE	2	SP, PA, QL
UBRELVY	2	PA, QL
vanadom	1	
XELJANZ	2	SP, PA, QL
XELJANZ XR	2	SP, PA, QL
XTAMPZA ER	2	PA
ZAVZPRET	2	PA, QL
ZANAFLEX	3	
zebutal	3	QL
ZEPOSIA	2	SP, PA
ZTLIDO	2	

### PARKINSON'S DISEASE

Medication	Tier	Notes
APOKYN	3	SP, PA
AZILECT	3	QL
benztropine tablet	1	
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	SP
INBRIJA	3	SP, PA
NEUPRO	3	

### PARKINSON'S DISEASE (cont.)

Medication	Tier	Notes
NOURIANZ	3	SP, PA, QL
pramipexole	1	
pramipexole er	1	QL
ropinirole	1	
ropinirole er	1	
RYTARY	3	
SINEMET	3	
XADAGO	3	ST

### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>2</sup>

Medication	Tier	Notes
aripiprazole	1	QL
aripiprazole odt	1	
asenapine	1	
CAPLYTA	3	QL, ST
chlorpromazine concentrate, tablet	1	
clozapine	1	
clozapine odt	1	
INVEGA ER	3	QL, ST
olanzapine odt	1	
olanzapine tablet	1	
paliperidone er	1	QL
quetiapine	1	
quetiapine er	1	
REXULTI	2	QL, ST
risperidone	1	
risperidone odt	1	
SAPHRIS	3	ST
SECUADO	3	ST
SEROQUEL	3	ST
SEROQUEL XR	3	ST
VRAYLAR	3	QL, ST
ziprasidone capsule	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

SEIZURE DISORDERS		
Medication	Tier	Notes
APTIOM	3	PA, QL
BRIVIACT ORAL SOLUTION, TABLET	3	PA
carbamazepine	1	
carbamazepine er	1	
CARBATROL	3	PA
clonazepam	1	
DIASTAT	3	PA
DILANTIN 30 MG CAPSULE	2	PA
DILANTIN 100 MG CAPSULE, 50 MG INFATAB, 125 MG/5 ML SUSPENSION	3	PA
divalproex dr	1	
divalproex er	1	
EPIDIOLEX	1	
epitol	1	
FINTEPLA	1	
FYCOMPA	1	
gabapentin	1	
KLONOPIN	3	PA
lacosamide solution, tablet	1	
lamotrigine	1	
lamotrigine (blue), (green), (orange)	1	
lamotrigine er	1	
lamotrigine odt	1	
lamotrigine odt (blue), (green), (orange)	1	
levetiracetam oral solution, tablet	1	
levetiracetam er	1	
LYRICA	3	PA
NAYZILAM	2	PA, QL
NEURONTIN	3	PA
oxcarbazepine	1	
OXTELLAR XR	3	PA
PHENYTEK	3	PA
pregabalin	1	
roweepra	1	

SEIZURE DISORDERS (cont.)		
Medication	Tier	Notes
SPRITAM	3	PA
subvenite	1	
subvenite (blue), (green), (orange)	1	
TEGRETOL	3	PA
TEGRETOL XR	3	PA
topiramate	1	
topiramate er	1	QL
VALTOCO	3	PA, QL
vigabatrin	1	SP
vigadrone powder packet	1	SP
VIMPAT SOLUTION	2	
XCOPRI	3	PA, QL

  

SKIN CONDITIONS		
Medication	Tier	Notes
ABSORICA	3	
adapalene-benzoyl peroxide	1	
ADBRY AUTO-INJECTOR, SYRINGE	2	SP, PA
amnestem	1	
avar	1	
azelaic acid	1	
bp 10-1	1	
BRYHALI	3	ST
CAPEX SHAMPOO	3	ST
CIBINQO	2	SP, PA, QL
claravis	1	
CLEOCIN T	3	
clindacin etz 1% pledget	1	
clindacin p	1	
clindamycin	1	
clindamycin-benzoyl peroxide	1	
clobetasol	1	
clodan cream, shampoo, solution	1	
CLODERM	3	ST
clotrimazole-betamethasone	1	

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

SKIN CONDITIONS (cont.)		
Medication	Tier	Notes
dapsone	1	
DROPSAFE PREP PAD	1	
DRYSOL	2	
EFUDEX	3	
EUCRISA	2	ST
EVOCLIN	3	
fluorouracil	1	
isotretinoin	1	
ketoconazole	1	
ketodan foam	1	
LITFULO	3	SP, PA, QL
metronidazole	1	
mupirocin 2% ointment	1	
myorisan	1	
NAFTIN	2	
neuac gel	1	
OPZELURA	3	PA
pimecrolimus	1	
PRAMOSONE 1% LOTION, 1%-1% CREAM, OINTMENT, 2.5%-1% OINTMENT	2	
PRAMOSONE 2.5%-1% CREAM, LOTION	3	
QBREXZA	3	PA
REGRANEX	3	PA, QL
rosadan cream, gel	1	
SANTYL	2	QL
sodium sulfacetamide-sulfur	1	
SOOLANTRA	3	
sss 10-5	1	
sulfacleanse 8-4	1	
TACLONEX SUSPENSION	3	
tacrolimus	1	
tazarotene cream, gel	1	
TEMOVATE	3	ST

SKIN CONDITIONS (cont.)		
Medication	Tier	Notes
tretinoin	1	PA, AGE
triderm	1	
TWYNEO	3	
VALCHLOR	3	SP
VECTICAL	3	QL
XEPI	3	
zenatane	1	

### SLEEP DISORDERS/SEDATIVES

Medication	Tier	Notes
DAYVIGO	2	QL, ST
doxepin	1	QL
eszopiclone	1	
HETLIOZ	3	SP, PA
HETLIOZ LQ	3	SP, PA
LUMRYZ ER	3	SP, PA, QL
modafinil	1	PA
SODIUM OXYBATE (by Hikma)	3	SP, PA, QL
SUNOSI	2	PA, QL
WAKIX	3	SP, PA, QL
XYWAV	3	SP, PA, QL
zolpidem sublingual tablet, tablet	1	
zolpidem er	1	QL

### SMOKING CESSATION<sup>2</sup>

Medication	Tier	Notes
APO-VARENICLINE	3	OC
bupropion sr 150 mg	1	PPACA, OC
NICOTROL	2	PPACA, OC
NICOTROL NS	2	PPACA, OC
varenicline	1	PPACA, OC

### SUBSTANCE ABUSE

Medication	Tier	Notes
buprenorphine-naloxone	1	
KLOXXADO	2	QL
LUCEMYRA	2	QL

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

Tier 1 – Generics  
 Tier 2 – Preferred Brands  
 Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
 QL – Quantity Limit  
 ST – Step Therapy

AGE – Age Requirement  
 SP – Specialty Medication  
 PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

### SUBSTANCE ABUSE (cont.)

Medication	Tier	Notes
NARCAN	2	QL
OPVEE	3	QL
SUBOXONE	3	
ZIMHI	3	QL
ZUBSOLV	2	

### TRANSPLANT MEDICATIONS

Medication	Tier	Notes
ASTAGRAF XL	3	SP
ENVARUSUS XR	3	SP
everolimus	1	SP
LUPKYNIS	3	SP, PA, QL
mycophenolate capsule, suspension, tablet	1	SP
mycophenolic acid	1	SP
REZUROCK	3	SP, PA
sirolimus	1	SP
tacrolimus	1	SP
ZORTRESS	3	SP

### URINARY TRACT CONDITIONS

Medication	Tier	Notes
alfuzosin er	1	
CYSTAGON	2	SP
dutasteride	1	
ELMIRON	2	
finasteride	1	
K-PHOS NO. 2	2	
K-PHOS ORIGINAL	2	
oxybutynin solution, syrup, 5 mg tablet	1	
oxybutynin er	1	
phenazopyridine 100 mg, 200 mg tablet	1	
potassium er	1	
PROSCAR	3	

### URINARY TRACT CONDITIONS (cont.)

Medication	Tier	Notes
PYRIDIUM	3	
RAPAFLO	3	QL
silodosin	1	QL
solifenacin	1	QL
tamsulosin	1	
tolterodine	1	
tolterodine er	1	QL
tropium	1	
tropium er	1	
UROCIT-K	3	
UROXATRAL	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.

Medication	Tier	Notes
ABRYSVO	3	PPACA
ACTHIB	2	PPACA
ADACEL TDAP	2	PPACA
AFLURIA	2	PPACA
AREXVY	3	PPACA
BEXSERO	2	PPACA
BOOSTRIX TDAP	2	PPACA
CAPVAXIVE	2	PPACA
COMIRNATY	2	PPACA
DAPTACEL DTAP	2	PPACA
DENGVAXIA	2	PPACA
ENGERIX-B	2	PPACA
FLUAD	2	PPACA
FLUARIX	2	PPACA
FLUBLOK	2	PPACA
FLUCELVAX	2	PPACA
FLULAVAL	2	PPACA
FLUMIST	3	PPACA

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

Tier 1 – Generics  
Tier 2 – Preferred Brands  
Tier 3 – Non-Preferred Brands

PA – Prior Authorization  
QL – Quantity Limit  
ST – Step Therapy

AGE – Age Requirement  
SP – Specialty Medication  
PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Standard 3-Tier Prescription Drug List

### 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.

Medication	Tier	Notes
FLUZONE HIGH-DOSE	2	PPACA
FLUZONE	2	PPACA
GARDASIL 9	2	PPACA
HEPLISAV-B	2	PPACA
HIBERIX	2	PPACA
INFANRIX DTAP	2	PPACA
IPOL	2	PPACA
JANSSEN COVID	2	PPACA
KINRIX	2	PPACA
MENACTRA	2	
MENQUADFI	2	PPACA
MENVEO A-C-Y-W-135-DIP	2	PPACA
M-M-R II VACCINE	2	PPACA
MODERNA COVID	2	PPACA
MRESVIA	3	PPACA
NOVAVAX COVID	2	PPACA
PEDIARIX	2	PPACA
PEDVAXHIB	2	PPACA
PENBRAYA	2	PPACA
PENTACEL	2	PPACA
PENTACEL ACTHIB COMPONENT	2	PPACA
PFIZER COVID	2	PPACA
PNEUMOVAX 23	2	PPACA
PREHEVBRIO	2	PPACA
PREVNAR 20	2	PPACA
PRIORIX	2	PPACA
PROQUAD	2	PPACA

### 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.

Medication	Tier	Notes
QUADRACEL DTAP-IPV	2	PPACA
RECOMBIVAX HB	2	PPACA
ROTARIX	3	PPACA
ROTATEQ	3	PPACA
SHINGRIX	2	QL, PPACA
SPIKEVAX COVID	2	PPACA
TDVAX	2	PPACA
TENIVAC	2	PPACA
TRUMENBA	2	PPACA
TWINRIX	2	PPACA
VARIVAX VACCINE	3	PPACA
VAXELIS	3	PPACA
VAXNEUVANCE	2	QL, PPACA

### VITAMINS

Medication	Tier	Notes
POLY-VI-FLOR	2	PPACA
POLY-VI-FLOR WITH IRON	2	PPACA

### WEIGHT MANAGEMENT

Medication	Tier	Notes
CONTRACE	3	PA, OC
IMCIVREE	3	SP, PA, QL, OC
phentermine	1	OC
QSYMIA	3	PA, OC
SAXENDA	2	PA, OC
WEGOVY	2	PA, QL, OC
ZEPBOUND	2	PA, QL, OC

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

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## 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.** We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. 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 1<sup>st</sup> and July 1<sup>st</sup>.
- **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 the coverage review process.

There are also certain medications and products that can't 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 the 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 the Cigna Healthcare provider portal at [cignaforhcp.com](http://cignaforhcp.com).

Cigna Healthcare will review information your doctor sends us to make sure you meet coverage requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (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.

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 preapproval from Cigna Healthcare. Because you didn't get approval ahead of time, 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 have to contact Cigna Healthcare and ask us to approve a larger amount.

### **Q. Are all of the medications on this drug list approved by the FDA?**

**A.** Yes.



## Frequently Asked Questions (FAQs) (cont.)

### **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 the 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.<sup>3</sup>

### **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 using 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 its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.<sup>4</sup>

Brand-name medications are protected by patents. Patents keep 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.

### **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 their brand-name versions. They may also have a different flavor, have different preservatives, come

## Frequently Asked Questions (FAQs) (cont.)

in different packaging and/or with different labeling and may expire at different times. Generics may look different than their brand-name versions, but they're just as safe and effective.

Generics typically cost much less than brand-name medications – in some cases, up to 85% less. Just because generics cost less, it doesn't mean they're 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.<sup>5</sup>

### **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 cost<sup>6</sup>
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time<sup>7</sup>
- 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 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) 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 specially-trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>8</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specially-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and reminders
- Easily manage your medications online and track your orders

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 Express Scripts® Pharmacy 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:<sup>9</sup>

- 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 U.S. Food and Drug Administration (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 FDA.
- Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- Medications used for fertility,<sup>10</sup> sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,<sup>10</sup> 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.
- Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna Healthcare as medically necessary.

Cigna Healthcare reserves the right to make changes to the drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. [fda.gov/drugs/questions-answers/generic-drugs-questions-answers](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 App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
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 App or myCigna.com, or check your plan materials.

**Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.**

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

# Discrimination is against the law.

## Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. 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., and Cigna HealthCare of Texas, 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). ATENCION: Si usted habla un idioma que no sea ingles, tiene a su disposici6n servicios gratuitos de asistencia lingOfstica. Si es un cliente actual de Cigna, llame al numero que figura en el reverso de su tarjeta de identificaci6n. 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 LƯU 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 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

**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 ناشنویان: شماره 711 را شماره‌گیری کنید).