Cigna Healthcare Advantage 4-Tier Prescription Drug List

Coverage starting July 1, 2026

965173 d Advantage 4-Tier 6/26 © 2026 Cigna Healthcare.

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View your medication coverage online – 24/7.

This list was last updated on 06/01/2026.* Go online to see the latest list of covered medications.

- **Before your plan starts:** Go to **Cigna.com/druglist.** Select **Advantage** from the dropdown menu. Then type your medication name or view the full drug list.**
- **After your plan starts:** Log in to **myCigna® app[1] or myCigna.com®** and use the Price a Medication tool to check your coverage and costs.

Questions?

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

** **Note:** The online search tool may show specialty medications as Tier 3 with a message that the tier and cost-share depend on your plan. But on this drug list, **specialty medications are covered on Tier 4**, even if the tool shows them differently.

About this drug list.

This list shows the generic and brand-name medications on the **Cigna Healthcare Advantage 4-Tier Prescription Drug List** starting July 1, 2026. Medications are grouped by the condition they treat and listed in alphabetical (A-Z) order.

This drug list changes often, so it may not include every covered medication. Your plan may not cover all medications listed here. To see what your plan covers, log in to the myCigna app or **myCigna.com**.

Note: Your plan doesn't cover prescription medications that treat allergies (like Allegra®, Clarinex®, Xyzal®, and generics) and heartburn/stomach acid problems (like Nexium®, Prilosec OTC®, and generics). Instead, you can buy them as over-the-counter (OTC) products at your local pharmacy or retail store without a prescription.

How to read this drug list.

Use the table below to see how medications are covered.*

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	**Tier**	**Notes**
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL
amlodipine-valsartan	1	
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 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	QL
diltiazem 24hr er (xr)	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 (A-Z) order** within each column.

Specialty medications have **SP** listed in the Notes column.

Brand-name medications are in **ALL CAPITAL** letters.

Generic medications are in all **lowercase** letters.

Medications with extra coverage rules have **letters** listed in the Notes column.

* This is just an example and may not show current coverage for these medications.

Tiers

We group covered medications into cost-share levels called "tiers." Usually, the higher the tier, the more the medication will cost you to fill.

Tier 1	**Generics. These medications are covered at your plan's lowest cost-share.** Generics work the same and provide the same health benefits as brand-name medications – and usually cost much less.[3]	**$**
Tier 2	**Preferred Brands.** These medications usually have one or more lower-cost generic option that treats the same condition.	**$$**
Tier 3	**Non-Preferred Brands.** These medications usually have a generic or preferred brand option that treats the same condition.	**$$$**
Tier 4	**Specialty. These medications are covered at your plan's highest cost-share.** This tier includes both injectable and oral (those you take by mouth) specialty medications.	**$$$$**

Letters in the Notes column

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

PA	**Prior Authorization*** – 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 see if you meet coverage rules for the medication.
QL	**Quantity Limit*** – Your plan only covers a certain amount of this medication at one time. If your doctor wants you to fill more than your plan covers, your doctor's office can contact us to see if more can be approved.
ST	**Step Therapy*** – Your plan doesn't cover this medication until you try one or more lower-cost preferred options first. If you've already tried a preferred medication (or your doctor doesn't think one's right for you), your doctor's office can contact us to see if it can be covered.
AGE	**Age Requirement*** – Your plan will only cover this medication if you're a certain age or in a certain age range. If you're not in the approved age range and your doctor wants you to take it, your doctor's office can contact us to see if the medication can be covered.
SP	This is a **specialty medication**,** which treats rare and complex medical conditions. Some plans have extra coverage rules for specialty medications. For example, your plan may put them on a specialty tier (at the highest copay or coinsurance), only cover up to a 30-day supply at one time, or require you to use a certain pharmacy.
PPACA	The **Patient Protection and Affordable Care Act (PPACA)**, known as "health care reform," requires health plans to cover the full cost of this medication. This means you don't have to pay anything to fill them – no copay, no coinsurance, no deductible.
OC	This medication isn't usually covered, but some plans may choose to include it. Log in to the myCigna app or **myCigna.com** to see if your plan covers it.

* **Not all plans have extra coverage rules for certain medications – like prior authorization, quantity limits, Step Therapy, or age requirements.** Log in to the myCigna app or myCigna.com, or check your plan details, to see if yours does.

** What's considered a specialty medication can vary by state. For example, **Delaware and Illinois** may not consider every medication marked "SP" to be a specialty medication.

How to find your medication.

Medications are listed in alphabetical (A-Z) order by the condition they treat. Conditions are also listed in alphabetical (A-Z) order. To find your medication, look up your condition in the table below. Then go to the page shown next to it to see which medications are covered.

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Condition	Page
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Cigna Healthcare Advantage 4-Tier Prescription Drug List

AIDS/HIV		
Medication	**Tier**	**Notes**
APRETUDE	4	SP, PPACA
BIKTARVY	4	SP, QL
CABENUVA	4	SP, PA
CIMDUO	4	SP, PA
darunavir	4	SP
DELSTRIGO	4	SP, PA, QL
DESCOVY 200-25 MG TABLET	4	SP, PPACA
DOVATO	4	SP, QL
efavirenz-emtricitabine-tenofovir	4	SP, QL
emtricitabine-tenofovir 200 mg-300 mg tablet	4	SP, PPACA
GENVOYA	4	SP, QL
ISENTRESS HD	4	SP, PA
JULUCA	4	SP, QL
ODEFSEY	4	SP, PA, QL
PIFELTRO	4	SP, PA
PREZCOBIX	4	SP, PA
PREZISTA ORAL SUSPENSION; 75 MG, 150 MG TABLET	4	SP
ritonavir	4	SP
RUKOBIA	4	SP, PA, QL
STRIBILD	4	SP, PA, QL
SYMTUZA	4	SP, QL
tenofovir	4	SP
TIVICAY	4	SP
TRIUMEQ	4	SP, QL
TRIUMEQ PD	4	SP, QL
YEZTUGO	4	SP, PPACA

ALLERGY/NASAL SPRAYS		
Medication	**Tier**	**Notes**
azelastine 0.1% (137 mcg) spray	1	
cromolyn oral concentrate	1	

ALLERGY/NASAL SPRAYS *(cont.)*		
Medication	**Tier**	**Notes**
desloratadine odt, tablet	1	QL, OC
epinephrine 0.15 mg, 0.3 mg auto-injector (by Mylan SP-Viatris, Teva USA); nasal solution	1	QL
fluticasone spray	1	OC
GRASTEK	3	PA, QL
hydroxyzine oral solution, tablet, vial	1	
hydroxyzine pamoate	1	
ipratropium spray	1	
levocetirizine	1	OC
mometasone spray	1	QL, OC
ODACTRA	3	PA, QL
olopatadine spray	1	
ORALAIR	3	PA, QL
promethazine ampule, syrup, tablet, vial	1	
RAGWITEK	3	PA, QL

ALZHEIMER'S DISEASE		
Medication	**Tier**	**Notes**
donepezil	1	
EXELON	3	
memantine	1	
memantine er	1	QL
pyridostigmine oral solution; 60 mg tablet	1	
pyridostigmine er 180 mg tablet	1	
rivastigmine	1	

ANXIETY/DEPRESSION/BIPOLAR DISORDER[2]		
Medication	**Tier**	**Notes**
alprazolam	1	
amitriptyline	1	
bupropion sr	1	QL

Generics are in lowercase letters. Brands are in ALL CAPITAL letters.

Tier 1 – Generics
Tier 2 – Preferred Brands
Tier 3 – Non-Preferred Brands
Tier 4 – Specialty Medications

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement

SP – Specialty Medication
PPACA – $0 Preventive Medication
OC – Optional Coverage

Cigna Healthcare Advantage 4-Tier Prescription Drug List

ANXIETY/DEPRESSION/BIPOLAR DISORDER[2] *(cont.)*		
Medication	**Tier**	**Notes**
bupropion xl 150 mg, 300 mg tablet	1	QL
buspirone	1	
citalopram oral solution, tablet	1	QL
clomipramine	1	
desvenlafaxine succinate er	1	QL
duloxetine	1	QL
EMSAM	3	QL
escitalopram oral solution, tablet	1	QL
fluoxetine	1	QL
fluvoxamine	1	QL
fluvoxamine er	1	QL
lorazepam oral concentrate, tablet	1	
mirtazapine	1	
NUPLAZID	4	SP, PA
paroxetine oral suspension, tablet	1	QL
paroxetine er	1	QL
sertraline	1	QL
trazodone	1	
TRINTELLIX	2	QL
venlafaxine hcl er	1	QL
vilazodone	1	QL
ZURZUVAE	4	SP, PA, QL

ASTHMA/COPD/RESPIRATORY		
Medication	**Tier**	**Notes**
ADEMPAS	4	SP, PA
AIRSUPRA	2	QL
albuterol	1	
albuterol hfa	1	QL
ALVESCO	2	
ALYFTREK	4	SP, PA, QL
ambrisentan	4	SP, PA
ANORO ELLIPTA	2	QL
ASMANEX, ASMANEX HFA	2	QL

ASTHMA/COPD/RESPIRATORY *(cont.)*		
Medication	**Tier**	**Notes**
ATROVENT HFA	2	QL
breyna	1	QL
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	4	SP, PA
budesonide inhalation suspension	1	QL
budesonide-formoterol	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	QL
FASENRA	4	SP, PA
GLASSIA	4	SP, PA
INCRUSE ELLIPTA	2	
KALYDECO	4	SP, PA, QL
montelukast	1	
NUCALA	4	SP, PA
OFEV	4	SP, PA
OPSUMIT	4	SP, PA
OPSYNVI	4	SP, PA, QL
ORENITRAM ER	4	SP, PA
ORENITRAM TITRATION KIT	4	SP, PA, QL
PROLASTIN C	4	SP, PA
PULMOZYME	4	SP, PA
QVAR REDIHALER	2	
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMDEKO	4	SP, PA, QL
TEZSPIRE	4	SP, PA, QL
TRACLEER	4	SP, PA
TRELEGY ELLIPTA	2	QL
treprostinil	4	SP, PA
TRIKAFTA	4	SP, PA, QL
TYVASO	4	SP, PA
TYVASO DPI	4	SP, PA

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OC – Optional Coverage

Cigna Healthcare Advantage 4-Tier Prescription Drug List

ASTHMA/COPD/RESPIRATORY *(cont.)*		
Medication	**Tier**	**Notes**
UPTRAVI TABLET, TITRATION PACK	4	SP, PA
UPTRAVI VIAL	4	SP, PA
VIJOICE	4	SP, PA, QL
wixela inhub	1	QL
XOLAIR	4	SP, PA
YUTREPIA	4	SP, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER[2]		
Medication	**Tier**	**Notes**
atomoxetine	1	QL
DAYTRANA	3	PA, QL
dexmethylphenidate er	1	PA, QL
dextroamphetamine-amphetamine	1	PA
dextroamphetamine-amphetamine er	1	PA, QL
guanfacine er	1	
lisdexamfetamine	1	PA, QL
methylphenidate	1	PA, QL
methylphenidate er (cd)	1	PA, QL
methylphenidate er (la)	1	PA, QL
methylphenidate er capsule; 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg tablet	1	PA, QL
QUILLIVANT XR	3	PA, QL
XELSTRYM	3	PA, QL

BLOOD MODIFIERS/BLEEDING DISORDERS		
Medication	**Tier**	**Notes**
ADVATE	4	SP, PA
ADYNOVATE	4	SP, PA
AFSTYLA	4	SP, PA
ALHEMO PEN	4	SP, PA
ALTUVIIIO	4	SP, PA
aminocaproic acid	4	SP
ARANESP	4	SP, PA
DOPTELET	4	SP, PA
DROXIA	4	

BLOOD MODIFIERS/BLEEDING DISORDERS *(cont.)*		
Medication	**Tier**	**Notes**
ELOCTATE	4	SP, PA
EMPAVELI	4	SP, PA
EPYSQLI	4	SP, PA
ESPEROCT	4	SP, PA
FABHALTA	4	SP, PA, QL
FULPHILA	4	SP, PA
FYLNETRA	4	SP, PA
GRANIX	4	SP, PA
HEMLIBRA	4	SP, PA
HYMPAVZI PEN	4	SP, PA
JIVI	4	SP, PA
KOGENATE FS	4	SP, PA
KOVALTRY	4	SP, PA
LEUKINE	4	SP
NEULASTA	4	SP, PA
NEUPOGEN	4	SP, PA
NIVESTYM	4	SP
NOVOEIGHT	4	SP, PA
NYVEPRIA	4	SP, PA
PROCRIT	4	SP, PA
RETACRIT	4	SP, PA
RHAPSIDO	2	PA
SOLIRIS	4	SP, PA
STIMUFEND	4	SP, PA
TAVALISSE	4	SP, PA
TAVNEOS	4	SP, PA, QL
tranexamic acid	4	SP
UDENYCA	4	SP, PA
ULTOMIRIS	4	SP, PA
VOYDEYA	4	SP, PA, QL
WILATE	4	SP, PA
XYNTHA	4	SP, PA
XYNTHA SOLOFUSE	4	SP, PA
ZARXIO	4	SP
ZIEXTENZO	4	SP, PA

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	**Tier**	**Notes**
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL
amlodipine-valsartan	1	
atenolol	1	
bisoprolol 5 mg, 10 mg tablet	1	
bisoprolol-hctz	1	
CAMZYOS	4	SP, PA, QL
candesartan	1	
CARDAMYST	3	PA
carvedilol	1	
carvedilol er	1	QL
clonidine patch, tablet	1	
CORLANOR ORAL SOLUTION	4	SP, PA
diltiazem 24hr er (cd)	1	
dofetilide	1	QL
droxidopa	4	SP
enalapril	1	
ENTRESTO SPRINKLE	2	
flecainide	1	
guanfacine	1	
hydralazine	1	
irbesartan	1	
labetalol cartridge; 20 mg/4 ml syringe; 100 mg, 200 mg, 300 mg tablet; vial	1	
lisinopril	1	
lisinopril-hctz	1	
losartan	1	
losartan-hctz	1	
metoprolol 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg tablet; vial	1	
metoprolol er	1	
metyrosine	1	PA
midodrine	1	

BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*		
Medication	**Tier**	**Notes**
minoxidil tablet	1	
MULTAQ	2	
MYQORZO	4	SP, PA, QL
nadolol	1	
nebivolol	1	QL
nifedipine er	1	
NITROSTAT	3	
NORLIQVA	2	PA, QL
olmesartan	1	QL
olmesartan-amlodipine-hctz	1	
olmesartan-hctz	1	QL
ORLADEYO	4	SP, PA, QL
pacerone 100 mg, 400 mg tablet	3	PA
pacerone 200 mg tablet	1	
prazosin	1	
propranolol	1	
propranolol er	1	
ranolazine er	1	QL
ROLVEDON	4	SP, PA
TAKHZYRO	4	SP, PA
telmisartan	1	QL
telmisartan-hctz	1	QL
valsartan	1	
valsartan-hctz	1	
verapamil sr	1	
VERQUVO	2	PA, QL

BLOOD THINNERS/ANTI-CLOTTING		
Medication	**Tier**	**Notes**
clopidogrel	1	
dabigatran	1	
ELIQUIS	2	
enoxaparin	4	SP, QL
fondaparinux	4	SP, QL
FRAGMIN	4	SP, QL

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BLOOD THINNERS/ANTI-CLOTTING *(cont.)*		
Medication	**Tier**	**Notes**
prasugrel	1	
warfarin	1	
XARELTO	2	
ZONTIVITY	3	

CANCER		
Medication	**Tier**	**Notes**
abirtega	1	
AKEEGA	4	SP, PA, QL
ALECENSA	4	SP, PA, QL
ALUNBRIG	4	SP, PA, QL
anastrozole	1	PPACA
AYVAKIT	4	SP, PA, QL
BOSULIF	4	SP, PA, QL
BRAFTOVI	4	SP, PA
BRUKINSA	4	SP, PA, QL
CABOMETYX	4	SP, PA
CALQUENCE	4	SP, PA
capecitabine	4	SP
COMETRIQ	4	SP, PA, QL
COTELLIC	4	SP, PA
DANZITEN	4	SP, PA
ELIGARD	4	SP
ENSACOVE	4	SP, PA, QL
ERIVEDGE	4	SP, PA
ERLEADA	4	SP, PA
exemestane	1	PPACA
FRUZAQLA	4	SP, PA, QL
GAVRETO	4	SP, PA, QL
HERCESSI	4	SP, PA
hydroxyurea	1	
IBRANCE	4	SP, PA, QL
IBTROZI	4	SP, PA
imatinib	4	SP, QL
IMBRUVICA	4	SP, PA, QL

CANCER *(cont.)*		
Medication	**Tier**	**Notes**
IMKELDI	4	SP, PA
INLYTA	4	SP, PA
JAKAFI	4	SP, PA, QL
JYLAMVO	3	
KANJINTI	4	SP, PA
KISQALI FEMARA CO-PACK	4	SP, PA, QL
KOSELUGO	4	SP, PA, QL
lenalidomide	4	SP, QL
LENVIMA	4	SP, PA
letrozole	1	
leucovorin	1	PA
LONSURF	4	SP, PA
LORBRENA	4	SP, PA, QL
LUMAKRAS	4	SP, PA, QL
LYNPARZA	4	SP, PA, QL
MEKINIST	4	SP, PA, QL
MEKTOVI	4	SP, PA, QL
mercaptopurine oral suspension	1	
mercaptopurine tablet	4	SP
methotrexate	1	
MVASI	4	SP, PA
NERLYNX	4	SP, PA
NINLARO	4	SP, PA, QL
NUBEQA	4	SP, PA
ODOMZO	4	SP, PA
OGIVRI	4	SP, PA
OGSIVEO	4	SP, PA, QL
ONIVYDE VIAL	4	SP, PA
ONTRUZANT	4	SP, PA
ORGOVYX	4	SP, PA
ORSERDU	4	SP, PA, QL
PHESGO	4	SP, PA
PIQRAY	4	SP, PA
RETEVMO	4	SP, PA, QL

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CANCER *(cont.)*		
Medication	**Tier**	**Notes**
RIABNI	4	SP, PA
ROZLYTREK	4	SP, PA
RUBRACA	4	SP, PA, QL
RUXIENCE	4	SP, PA
RYDAPT	4	SP, PA
SCEMBLIX	4	SP, PA
STIVARGA	4	SP, PA, QL
TABRECTA	4	SP, PA, QL
TAFINLAR	4	SP, PA, QL
TAGRISSO	4	SP, PA
TALZENNA	4	SP, PA
tamoxifen	1	PPACA
temozolomide	4	SP
TEPMETKO	4	SP, PA, QL
TIBSOVO	4	SP, PA
torpenz	4	SP, QL
TRAZIMERA	4	SP, PA
TREXALL	2	
TRUQAP	4	SP, PA, QL
TUKYSA	4	SP, PA
VANFLYTA	4	SP, PA, QL
VENCLEXTA	4	SP, PA
VERZENIO	4	SP, PA, QL
VITRAKVI	4	SP, PA
VIZIMPRO	4	SP, PA
WELIREG	4	SP, PA, QL
XALKORI	4	SP, PA, QL
XATMEP	3	
XOSPATA	4	SP, PA
XTANDI	4	SP, PA
ZEJULA	4	SP, PA, QL
ZELBORAF	4	SP, PA
ZIRABEV	4	SP, PA
ZYKADIA	4	SP, PA, QL

CHOLESTEROL MEDICATIONS		
Medication	**Tier**	**Notes**
atorvastatin 40 mg, 80 mg tablet	1	
atorvastatin 10 mg, 20 mg tablet	1	PPACA
CADUET	3	QL
colesevelam	1	
DOJOLVI	4	SP, PA
ezetimibe	1	
fenofibrate 43 mg, 67 mg, 130 mg, 134 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
omega-3 acid ethyl esters	1	
pitavastatin	1	QL, PPACA
pravastatin	1	PPACA
REPATHA	2	
rosuvastatin 5 mg, 10 mg tablet	1	QL, PPACA
rosuvastatin 20 mg, 40 mg tablet	1	QL
simvastatin 5 mg, 80 mg tablet	1	QL
TRICOR	3	ST
VASCEPA	2	PA

CONTRACEPTION PRODUCTS		
Medication	**Tier**	**Notes**
afirmelle	1	PPACA
altavera	1	PPACA
alyacen	1	PPACA
amethia	1	PPACA
amethyst	1	PPACA
apri	1	PPACA
aranelle	1	PPACA
ashlyna	1	PPACA

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AGE – Age Requirement

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OC – Optional Coverage

Cigna Healthcare Advantage 4-Tier Prescription Drug List

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
aubra	1	PPACA
aubra eq	1	PPACA
aurovela	1	PPACA
aurovela fe	1	PPACA
aurovela 24 fe	1	PPACA
aviane	1	PPACA
ayuna	1	PPACA
azurette	1	PPACA
balziva	1	PPACA
blisovi fe	1	PPACA
blisovi 24 fe	1	PPACA
briellyn	1	PPACA
camila	1	PPACA
camrese	1	PPACA
camrese lo	1	PPACA
CAYA CONTOURED	2	PPACA
caziant	1	PPACA
charlotte 24 fe	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
DEPO-PROVERA	3	PPACA
DEPO-SUBQ PROVERA	3	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

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
elinest	1	PPACA
ELLA	3	PPACA
eluryng	1	PPACA
emzahh	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
feirza	1	PPACA
FEMCAP	2	PPACA
finzala	1	PPACA
galbriela	1	PPACA
gemmily	1	PPACA
hailey	1	PPACA
hailey fe	1	PPACA
hailey 24 fe	1	PPACA
heather	1	PPACA
iclevia	1	PPACA
incassia	1	PPACA
introvale	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

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
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	4	SP, PPACA
larin	1	PPACA
larin fe	1	PPACA
larin 24 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
levonorgestrel-ethinyl estradiol-fe bisglycinate	1	PPACA
LILETTA	4	SP, PPACA
lojaimiess	1	PPACA
loryna	1	PPACA
low-ogestrel	1	PPACA
lo-zumandimine	1	PPACA
luizza	1	PPACA
lutera	1	PPACA
lyleq	1	PPACA
lyza	1	PPACA
marlissa	1	PPACA
medroxyprogesterone syringe, vial	1	PPACA
meleya	1	PPACA
merzee	1	PPACA
mibelas 24 fe	1	PPACA

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
microgestin	1	PPACA
microgestin fe	1	PPACA
microgestin 24 fe	1	PPACA
mili	1	PPACA
minzoya	1	PPACA
MIRENA	4	SP, PPACA
MIUDELLA	4	SP, PPACA
mono-linyah	1	PPACA
necon	1	PPACA
NEXPLANON	4	SP, PPACA
nikki	1	PPACA
nora-be	1	PPACA
norelgestromin-ethinyl estradiol	1	PPACA
norethindrone 0.35 mg tablet	1	PPACA
norethindrone-ethinyl estradiol 1-0.02 mg, 1.5-0.03 mg (21) tablet	1	PPACA
norethindrone-ethinyl estradiol-fe	1	PPACA
norgestimate-ethinyl estradiol	1	PPACA
nortrel	1	PPACA
nylia	1	PPACA
nymyo	1	PPACA
ocella	1	PPACA
orquidea	1	PPACA
PARAGARD T 380-A	4	SP, PPACA
philith	1	PPACA
pimtrea	1	PPACA
portia	1	PPACA
reclipsen	1	PPACA
rivelsa	1	PPACA
rosyrah	1	PPACA
setlakin	1	PPACA
sharobel	1	PPACA
simliya	1	PPACA
simpesse	1	PPACA

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
SKYLA	4	SP, PPACA
sprintec	1	PPACA
syeda	1	PPACA
tarina fe	1	PPACA
tarina 24 fe	1	PPACA
taysofy	1	PPACA
tilia fe	1	PPACA
tri-estarylla	1	PPACA
tri-legest fe	1	PPACA
tri-linyah	1	PPACA
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-sprintec	1	PPACA
tri-vylibra	1	PPACA
tri-vylibra lo	1	PPACA
tulana	1	PPACA
turqoz	1	PPACA
tydemy	1	PPACA
valtya	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	3	PPACA
wymzya fe	1	PPACA

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
xarah fe	1	PPACA
xelria fe	1	PPACA
xulane	1	PPACA
zafemy	1	PPACA
zarah	1	PPACA
zovia 1-35	1	PPACA
zumandimine	1	PPACA

COUGH/COLD MEDICATIONS		
Medication	**Tier**	**Notes**
brompheniramine-pseudoephedrine-dm	1	
hydrocodone-homatropine	1	PA, QL
promethazine-dm	1	

DENTAL PRODUCTS		
Medication	**Tier**	**Notes**
doxycycline hyclate 20 mg tablet	1	
FLORIVA 0.25 MG/ML DROPS	3	PPACA
periogard	1	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT KIDS	3	
sodium fluoride 5000 dry mouth	1	
triamcinolone 0.1% paste	1	

DIABETES		
Medication	**Tier**	**Notes**
ACCU-CHEK AVIVA CONTROL SOLUTION	1	
ACCU-CHEK FASTCLIX LANCING DEVICE	1	
ACCU-CHEK GUIDE CONTROL SOLUTION	1	
ACCU-CHEK GUIDE ME GLUCOSE METER	3	
ACCU-CHEK GUIDE MONITOR SYSTEM	3	

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	1	
ACCU-CHEK SOFTCLIX LANCET KIT	1	
BAQSIMI	2	QL
BASAGLAR	2	QL
BD AUTOSHIELD DUO PEN NEEDLE	1	
BD INSULIN SYRINGE	1	
BD NANO 2ND GEN PEN NEEDLE	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	
BD SAFETYGLIDE INSULIN SYRINGE	1	
BD ULTRA-FINE PEN NEEDLE	1	
BD VEO INSULIN SYRINGE	1	
CEQUR SIMPLICITY	2	
CEQUR SIMPLICITY INSERTER	2	
CONTOUR METER	3	
CONTOUR NEXT METER	3	
CONTOUR NEXT EZ METER	3	
CONTOUR NEXT GEN METER	3	
CONTOUR NEXT ONE METER	3	
CONTOUR PLUS BLUE METER	3	
CYCLOSET	3	
DEXCOM G6	2	PA, QL
DEXCOM G7	2	PA, QL
DROPLET GENTEEL LANCING DEVICE	1	
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE	2	PA, QL
FREESTYLE LITE	2	
FREESTYLE PRECISION NEO METER	2	
FREESTYLE TEST STRIP	2	
glimepiride 1 mg, 2 mg, 4 mg tablet	1	
GLIMEPIRIDE 3 MG TABLET	3	
glipizide 5 mg, 10 mg tablet	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT	3	QL

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
GLUCOCARD 01, EXPRESSION, SHINE, VITAL METER	3	
GLYXAMBI	2	QL, ST
GUARDIAN RT CHARGER	1	
GUARDIAN TEST PLUG	1	
HUMALOG	2	QL
HUMULIN N, HUMULIN R, HUMULIN 70/30	2	QL
INPEN (FOR HUMALOG, NOVOLOG, FIASP)	1	
INSULIN LISPRO	2	QL
JANUMET	2	QL, ST
JANUMET XR	2	QL, ST
JANUVIA	2	QL, ST
JARDIANCE	2	QL, ST
LYUMJEV	2	QL
MERILOG	2	QL
metformin oral solution; 500 mg, 750 mg, 850 mg, 1000 mg tablet	1	
metformin er 500 mg, 750 mg tablet	1	
MICROLET 2 LANCING DEVICE	1	
MICROLET NEXT LANCING DEVICE	1	
MINIMED INSTINCT SENSOR	3	PA, QL
MOUNJARO	2	PA, QL
OMNIPOD	2	QL
ONETOUCH ULTRA2 GLUCOSE SYSTEM	3	
ONETOUCH VERIO FLEX, REFLECT METER	3	
OZEMPIC	2	PA, QL
PARADIGM RESERVOIR 1.8 ML	1	
PARADIGM RESERVOIR 3 ML	3	
pioglitazone	1	
POGO AUTOMATIC BLOOD GLUCOSE SYSTEM	3	
PRECISION XTRA MONITOR, TEST STRIP	2	
REZVOGLAR	2	QL

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
RYBELSUS	2	PA, QL
SOLIQUA 100-33	2	
SYMLINPEN	2	
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TRESIBA	2	QL
TRIJARDY XR	2	QL, ST
TRUE METRIX AIR GLUCOSE METER	2	
TRUE METRIX BLOOD GLUCOSE METER, TEST STRIP	2	
TRULICITY	2	PA, QL
TWIIST	2	QL
ULTRA-FINE INSULIN SYRINGE	1	
V-GO	2	
ZEGALOGUE	2	QL

DIURETICS		
Medication	**Tier**	**Notes**
acetazolamide	1	
bumetanide	1	
CAROSPIR	2	PA
chlorthalidone	1	
DIURIL	3	
eplerenone	1	
furosemide	1	
hydrochlorothiazide	1	
KERENDIA	2	PA, QL
spironolactone	1	
tolvaptan	4	SP

EAR MEDICATIONS		
Medication	**Tier**	**Notes**
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	

EAR MEDICATIONS *(cont.)*		
Medication	**Tier**	**Notes**
DERMOTIC	3	
neomycin-polymyxin-hc otic solution, suspension	1	
ofloxacin ear drops	1	
OTOVEL	3	

ERECTILE DYSFUNCTION		
Medication	**Tier**	**Notes**
CAVERJECT	3	QL, OC
CIALIS	3	QL, ST, OC
EDEX	3	QL, OC
MUSE	3	QL, OC
sildenafil 25 mg, 50 mg, 100 mg tablet	1	QL, OC
STENDRA	3	QL, ST, OC
tadalafil	1	QL, OC
vardenafil	1	QL, OC
VIAGRA	3	QL, ST, OC

EYE CONDITIONS		
Medication	**Tier**	**Notes**
AZASITE	2	
BESIVANCE	2	
BETOPTIC S	2	
bimatoprost 0.3% drops	1	PA, QL
brimonidine drops	1	
brimonidine-timolol	1	
brinzolamide	1	
bromfenac	1	
BYOOVIZ	4	SP, PA
CEQUA	2	
CIMERLI	4	SP, PA
ciprofloxacin 0.3% drops	1	
cyclosporine eye emulsion	1	
CYSTARAN	4	SP, PA, QL
difluprednate	1	

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

EYE CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
dorzolamide-timolol	1	
erythromycin eye ointment	1	
EYSUVIS	2	QL
fluorometholone	1	
ILEVRO	3	
latanoprost	1	PA
loteprednol	1	
MIEBO	2	QL
moxifloxacin drops	1	
neomycin-polymyxin-dexamethasone	1	
ofloxacin eye drops	1	
OXERVATE	4	SP, PA
polymyxin b sulfate-trimethoprim	1	
prednisolone drops	1	
RESTASIS EYE EMULSION	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	2	
TEPEZZA	4	SP, PA
timolol drops, gel-solution	1	
TOBRADEX	3	
TOBRADEX ST	2	
tobramycin drops	1	
tobramycin-dexamethasone	1	
travoprost	1	PA
TRYPTYR	3	
TYRVAYA	2	QL
XDEMVY	4	SP, PA, QL
XIIDRA	2	
ZIRGAN	3	

FEMININE PRODUCTS		
Medication	**Tier**	**Notes**
fem ph	1	
GYNAZOLE 1	1	
miconazole 3 vaginal suppository	1	
terconazole	1	
TRIMO-SAN	3	

GASTROINTESTINAL/HEARTBURN		
Medication	**Tier**	**Notes**
alosetron	4	SP
aprepitant	1	QL
APRISO	3	
balsalazide	1	
BONJESTA	3	
CHOLBAM	4	SP, PA
dexlansoprazole dr	1	PA, QL, OC
dicyclomine ampule, capsule, oral solution; 20 mg tablet; vial	1	
doxylamine-pyridoxine	1	QL
ENTYVIO VIAL	4	SP, PA
esomeprazole capsule, packet, vial	1	QL, OC
famotidine oral suspension	1	
GATTEX	4	SP, PA
gavilyte-c	1	PPACA
gavilyte-g	1	PPACA
gavilyte-n	1	PPACA
hydrocortisone enema, suppository	1	
IQIRVO	4	SP, PA
lansoprazole	1	QL, OC
LINZESS	2	
LITHOSTAT	3	
LIVDELZI	4	SP, PA
lubiprostone	1	

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN *(cont.)*		
Medication	**Tier**	**Notes**
mesalamine	1	
mesalamine dr	1	
metoclopramide	1	
MOTOFEN	3	
MOVANTIK	2	PA
OCALIVA	4	SP, PA
OLPRUVA	4	SP, PA
omeprazole capsule	1	QL, OC
ondansetron	1	
ondansetron odt 4 mg, 8 mg tablet	1	
PANCREAZE	2	
pantoprazole	1	QL, OC
peg 3350-electrolyte	1	PPACA
peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid	1	PPACA
peg-prep	1	PPACA
PHEBURANE	4	SP, PA, QL
prochlorperazine	1	
rabeprazole tablet	1	QL, OC
RECTIV	3	
RELISTOR SYRINGE, VIAL	3	PA
REZDIFFRA	4	SP, PA, QL
SANCUSO	3	PA, QL
scopolamine	1	
SFROWASA	3	
sodium sulfate-potassium sulfate-magnesium sulfate	1	PPACA
SUCRAID	4	SP, PA
sucralfate	1	
SYMPROIC	2	PA
TRULANCE	2	
VARUBI	3	PA, QL
VIBERZI	2	

GASTROINTESTINAL/HEARTBURN *(cont.)*		
Medication	**Tier**	**Notes**
VIOKACE	3	
VOQUEZNA TABLET	3	PA, QL
VOWST	4	SP, PA, QL
ZENPEP	2	

HORMONAL AGENTS		
Medication	**Tier**	**Notes**
ACTHAR VIAL	4	SP, PA
ANGELIQ	3	
BIJUVA	3	
budesonide dr	1	
budesonide ec	1	
cetrorelix	4	SP, PA, OC
CETROTIDE	4	SP, PA, OC
COMBIPATCH	2	
CORTROPHIN VIAL	4	SP, PA
CRINONE 4% GEL	3	PA
CYTOMEL	3	
DEPO-TESTOSTERONE	3	
desmopressin 0.01%, 10 mcg/0.1 ml spray; tablet	1	
desmopressin ampule, vial	4	SP
DUAVEE	2	
EGRIFTA SV	4	SP, PA
estradiol cream, gel packet, gel pump, patch, tablet, vaginal insert	1	QL
EVAMIST	3	
FENSOLVI	4	SP, PA
fyremadel	4	SP, PA, OC
ganirelix	4	SP, PA, OC
GENOTROPIN	4	SP, PA
INTRAROSA	3	QL
levoxyl	1	
liothyronine	1	

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

HORMONAL AGENTS *(cont.)*		
Medication	**Tier**	**Notes**
LUPRON DEPOT 3.75 MG KIT, 11.25 MG KIT	4	SP, PA
lyllana	1	QL
medroxyprogesterone tablet	1	
MENOSTAR	3	QL
methylprednisolone	1	
mimvey	1	
MYFEMBREE	2	PA, QL
norethindrone 5 mg tablet	1	
OMNITROPE	4	SP, PA
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
OSPHENA	3	QL
prednisolone oral solution, odt	1	
prednisone	1	
PREMARIN VAGINAL CREAM, VIAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone capsule	1	
RAYALDEE	3	
SANDOSTATIN LAR DEPOT	4	SP, PA
SOMATULINE DEPOT	4	SP, PA
SOMAVERT	4	SP, PA
testosterone gel, gel pump; 1%, 1.62% packet; solution pump	1	PA, QL
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg /30 ml	1	
thyroid	1	
TRIPTODUR	4	SP, PA
UCERIS TABLET	3	PA, QL
unithroid	3	
YORVIPATH	4	SP, PA
yuvafem	1	QL

INFECTIONS		
Medication	**Tier**	**Notes**
acyclovir capsule, oral suspension, tablet	1	
AEMCOLO	3	QL
albendazole	1	
amoxicillin	1	
amoxicillin-clavulanate	1	
ARIKAYCE	4	SP, PA
atovaquone	1	
atovaquone-proguanil	1	
azithromycin	1	
BARACLUDE ORAL SOLUTION	4	SP
BAXDELA	3	PA
BEYFORTUS	3	PPACA
BICILLIN L-A	3	
CAYSTON	4	SP, PA, QL
cefdinir	1	
cefpodoxime	1	
cefuroxime tablet	1	
cephalexin	1	
CIPRO ORAL SUSPENSION	3	
ciprofloxacin oral suspension, tablet	1	
clarithromycin	1	
clindamycin capsule, oral solution, vaginal cream, vial	1	
CRESEMBA	3	PA
DIFICID	3	QL
doxycycline monohydrate	1	
EMVERM	1	
ENFLONSIA	3	PPACA
entecavir	4	SP, QL
EPCLUSA	4	SP, PA, QL
erythromycin capsule, tablet	1	
famciclovir	1	

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
fluconazole	1	
flucytosine	1	
fosfomycin	1	
HARVONI	4	SP, PA, QL
hydroxychloroquine	1	
IMPAVIDO	3	PA
itraconazole	1	
KITABIS PAK	4	SP, PA, QL
LAGEVRIO (EUA)	2	QL
levofloxacin oral solution, tablet, vial	1	
LIKMEZ	3	PA
LIVTENCITY	4	SP, PA, QL
MACROBID	3	
methenamine	1	
metronidazole capsule, intravenous solution; 250 mg, 500 mg tablet; vaginal gel	1	
minocycline	1	
mondoxyne nl	1	
morgidox capsule	1	
nitazoxanide	1	
nitrofurantoin capsule; 25 mg/5 ml oral suspension	1	
NUZYRA	4	SP, PA, QL
nystatin oral suspension, tablet	1	
oseltamivir	1	QL
PAXLOVID	2	QL
PEGASYS	4	SP, PA
penicillin v potassium	1	
permethrin	1	
posaconazole	1	
PREVYMIS	4	SP
PRIFTIN	3	
pruradik	1	

INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
pyrimethamine	4	SP, PA
SIVEXTRO	3	PA
spinosad	1	
sulfamethoxazole-trimethoprim oral suspension, tablet, vial	1	
SYNAGIS	4	SP, PA
terbinafine tablet	1	
TOBI PODHALER	4	SP, PA, QL
tobramycin ampule	4	SP, PA, QL
valacyclovir	1	
valganciclovir	1	
VALTREX	3	
vancomycin 1 gm, 500 mg add-van vial	1	
vancomycin capsule, oral solution; 1.5 mg, 500 mg, 750 mg, 1 gm, 1.25 gm, 5 gm, 10 gm vial	1	
VANCOMYCIN 750 MG ADD-VAN VIAL	1	
VANCOMYCIN IV SOLUTION; 1.75 GM, 2 GM VIAL	3	
vandazole	1	
VEMLIDY	4	SP
VIVJOA	4	SP, PA
VOSEVI	4	SP, PA, QL
XENLETA	3	PA, QL
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	4	SP, PA, QL
ZITHROMAX	3	
	3	PA

INFERTILITY		
Medication	**Tier**	**Notes**
CRINONE 8% GEL	2	OC
ENDOMETRIN	2	OC
FOLLISTIM AQ	4	SP, PA, OC

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

INFERTILITY *(cont.)*		
Medication	**Tier**	**Notes**
GONAL-F	4	SP, PA, OC
GONAL-F RFF REDI-JECT	4	SP, PA, OC
MAKENA	3	PA
MENOPUR	4	SP, PA, OC
milophene	1	OC
NOVAREL	4	SP, PA, OC
OVIDREL	4	SP, PA, OC
PREGNYL	4	SP, PA, OC

MISCELLANEOUS		
Medication	**Tier**	**Notes**
acamprosate	1	
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ADDYI	3	QL, OC
ATTRUBY	4	SP, PA, QL
AUSTEDO	4	SP, PA
AUSTEDO XR	4	SP, PA, QL
BOTOX 100 MG, 200 MG VIAL	4	SP, PA
CARBAGLU	4	SP
CERDELGA	4	SP, PA
CEREZYME	4	SP, PA
cinacalcet	4	SP
CINRYZE	4	SP, PA
deferiprone	4	SP, PA
DROPLET LANCET	1	
DYSPORT	4	SP, PA
ELFABRIO	4	SP, PA
EVRYSDI	4	SP, PA
FABRAZYME	4	SP, PA
FILSPARI	4	SP, PA, QL
GALAFOLD	4	SP, PA
HAEGARDA	4	SP, PA
INGREZZA	4	SP, PA, QL
MICROLET LANCET	1	

MISCELLANEOUS *(cont.)*		
Medication	**Tier**	**Notes**
MYALEPT	4	SP, PA
NITYR	4	SP, PA
NUEDEXTA	3	QL
ONETOUCH DELICA PLUS LANCET	1	
ONETOUCH DELICA SAFETY LANCET	1	
ONETOUCH ULTRASOFT 2 LANCET	1	
ORFADIN	4	SP, PA
PALYNZIQ	4	SP, PA
POGO AUTOMATIC TEST CARTRIDGE	3	
PRECISION XTR B-KETONE STRIP	3	
RADICAVA ORS	4	SP, PA, QL
RUCONEST	4	SP, PA
sapropterin	4	SP, PA
sodium chloride irrigation solution, inhalation vial	1	
SPINRAZA	4	SP, PA
STRENSIQ	4	SP, PA
TECHLITE LANCET	1	
TEGLUTIK	4	SP, PA
TIGLUTIK	4	SP, PA
TRUEPLUS KETONE TEST STRIP	3	
TRUEPLUS LANCET	1	
VIVITROL	4	SP
VOXZOGO	4	SP, PA
VOYXACT	4	SP, PA, QL
VYLEESI	4	SP, PA, QL, OC
VYNDAMAX	4	SP, PA, QL
VYNDAQEL	4	SP, PA, QL
VYVGART HYTRULO	4	SP, PA
zelvysia	4	SP, PA

MULTIPLE SCLEROSIS		
Medication	**Tier**	**Notes**
AVONEX	4	SP, PA
BAFIERTAM	4	SP, PA
BETASERON	4	SP, PA

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

MULTIPLE SCLEROSIS *(cont.)*		
Medication	**Tier**	**Notes**
dalfampridine er	4	SP, PA
dimethyl	4	SP
fingolimod	4	SP
FIRDAPSE	4	SP, PA, QL
glatopa	4	SP
KESIMPTA PEN	4	SP, PA
MAYZENT	4	SP, PA
OCREVUS	4	SP, PA
OCREVUS ZUNOVO	4	SP, PA
PLEGRIDY	4	SP, PA
REBIF	4	SP, PA
REBIF REBIDOSE	4	SP, PA
teriflunomide	4	SP
TYRUKO	4	SP, PA
TYSABRI	4	SP, PA
VUMERITY	4	SP, PA

NUTRITIONAL/DIETARY		
Medication	**Tier**	**Notes**
ACCRUFER	3	
AURYXIA	3	QL
calcitriol ampule, capsule, oral solution, vial	1	
cyanocobalamin	1	
CYSTADANE	4	SP
dodex	1	
EFFER-K 10 MEQ, 20 MEQ	3	
FLORIVA CHEWABLE TABLET	3	PPACA
flotrex	1	PPACA
fluoride	1	PPACA
folic acid 1 mg tablet; vial	1	
INJECTAFER	3	PA
lanthanum	1	

NUTRITIONAL/DIETARY *(cont.)*		
Medication	**Tier**	**Notes**
LOKELMA	2	
ludent fluoride	1	PPACA
MONOFERRIC	3	PA
multivitamin with fluoride-iron	1	PPACA
multivitamin with fluoride drops, chewable tablet	1	PPACA
mvc-fluoride	3	PPACA
NEEVODHA	3	
OB COMPLETE CAPLET	3	
OB COMPLETE DHA, ONE, PETITE, PREMIER	2	
POLY-VI-FLOR	3	PPACA
potassium chloride oral solution, 20 meq packet	1	
PRENATE AM,CHEWABLE, ENHANCE, ESSENTIAL, MINI, PIXIE, RESTORE, STAR	3	SP
PRENATE DHA, ELITE	2	SP
PRIMACARE	3	
QUFLORA PEDIATRIC DROPS; 1 MG CHEWABLE TABLET	3	PPACA
sevelamer	1	
sodium fluoride chewable tablet, drops	1	PPACA
soluvita a,c,d with fluoride	1	PPACA
SOLUVITA MULTIVITAMIN FLUORIDE	3	PPACA
TRI-VI-FLOR	3	PPACA
tri-vitamin with fluoride	1	PPACA
VELPHORO	2	
VELTASSA	2	
VITAFOL CAPLET, FE, GUMMIES, ULTRA	3	
VITAFOL-ONE, OB+DHA	3	
vitamin d2 1.25 mg (50,000 unit)	1	
vitamins a,c,d and fluoride	1	PPACA

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

OSTEOPOROSIS PRODUCTS		
Medication	**Tier**	**Notes**
alendronate	1	
BILDYOS	4	SP, PA
BILPREVDA	4	SP, PA
BINOSTO	3	ST
EVENITY	4	SP, PA, QL
ibandronate tablet	1	
ibandronate syringe, vial	4	SP
JUBBONTI	4	SP, PA
raloxifene	1	PPACA
teriparatide	4	SP, PA, QL
WYOST	4	SP, PA

PAIN RELIEF AND INFLAMMATORY DISEASE		
Medication	**Tier**	**Notes**
acetaminophen-codeine	1	PA
ADALIMUMAB-AATY (CF)	4	SP, PA, QL
ADALIMUMAB-ADBM (CF)	4	SP, PA, QL
AIMOVIG	2	PA
AJOVY	2	PA
ARCALYST	4	SP, PA
AVSOLA	4	SP, PA
AVTOZMA	4	SP, PA
BELBUCA	2	QL
BENLYSTA	4	SP, PA
BIMZELX	4	SP, PA, QL
buprenorphine	1	QL
butalbital-acetaminophen-caffeine capsule, tablet	1	QL
celecoxib	1	QL
CIMZIA	4	SP, PA, QL
colchicine	1	
COSENTYX	4	SP, PA, QL
cyclobenzaprine	1	
diclofenac 1% gel, tablet	1	QL
DUPIXENT	4	SP, PA
DUROLANE	4	SP, PA

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*		
Medication	**Tier**	**Notes**
eletriptan	1	QL
EMGALITY	2	PA
ENBREL	4	SP, PA, QL
ENSPRYNG	4	SP, PA
EUFLEXXA	4	SP, PA
febuxostat	1	QL
fentanyl patch	1	PA
GEL-ONE	4	SP, PA
GELSYN-3	4	SP, PA
HYALGAN	4	SP, PA
hydrocodone-acetaminophen	1	PA
hydromorphone ampule, cartridge, oral solution, suppository, syringe, tablet; 2 mg/ml, 10 mg/ml, 40 mg/20 ml, 50 mg/5 ml, 500 mg/5 ml vial	1	PA
HYMOVIS	4	SP, PA
ICOTYDE	4	SP, PA, QL
ILARIS	4	SP, PA
ILUMYA	4	SP, PA, QL
IMULDOSA	4	SP, PA
indomethacin capsule, oral suspension, 50 mg suppository	1	
INFLECTRA	4	SP, PA
ketorolac syringe, tablet, vial	1	QL
KEVZARA	4	SP, PA, QL
KRYSTEXXA	4	SP, PA
leflunomide	1	
lidocaine viscous	1	
meloxicam tablet	1	
MITIGARE	2	
MONOVISC	4	SP, PA
morphine er	1	PA
nabumetone	1	
NUCYNTA ER	3	PA
NURTEC ODT	2	PA, QL

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*		
Medication	**Tier**	**Notes**
OLUMIANT	4	SP, PA, QL
OMVOH	4	SP, PA, QL
ORENCIA	4	SP, PA
ORTHOVISC	4	SP, PA
OTEZLA	4	SP, PA, QL
OTEZLA XR	4	SP, PA, QL
OXAYDO	3	PA
oxycodone ir capsule, oral concentrate, oral solution, ir tablet	1	PA
PROCTOFOAM-HC	3	
prolate tablet	1	PA
QULIPTA	2	PA, QL
RENFLEXIS	4	SP, PA
RINVOQ	4	SP, PA, QL
RINVOQ LQ	4	SP, PA, QL
rizatriptan	1	QL
ROXYBOND	3	PA
SELARSDI	4	SP, PA
SILIQ	4	SP, PA, QL
SIMLANDI (CF)	4	SP, PA, QL
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	4	SP, PA, QL
SIMPONI ARIA	4	SP, PA
SKYRIZI	4	SP, PA
SOTYKTU	4	SP, PA, QL
sumatriptan	1	QL
SUPARTZ FX	4	SP, PA
SYNVISC	4	SP, PA
SYNVISC-ONE	4	SP, PA
TALTZ	4	SP, PA, QL
tanlor	1	
TAPENTADOL ER	3	PA
tramadol 50 mg, 100 mg tablet	1	QL
TREMFYA	4	SP, PA
TRILURON	4	SP, PA

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*		
Medication	**Tier**	**Notes**
TYENNE	4	SP, PA, QL
UBRELVY	2	PA, QL
vanadom	1	
VELSIPITY	4	SP, PA, QL
VISCO-3	4	SP, PA
XELJANZ	4	SP, PA, QL
XELJANZ XR	4	SP, PA, QL
XIAFLEX	4	SP, PA
XTAMPZA ER	2	PA
YESINTEK	4	SP, PA
ZAVZPRET	2	PA, QL
zebutal	3	QL
ZEPOSIA	4	SP, PA
ZTLIDO	2	

PARKINSON'S DISEASE		
Medication	**Tier**	**Notes**
APOKYN	4	SP, PA
benztropine	1	
carbidopa-levodopa	1	
CREXONT	3	ST
DUOPA	4	SP
INBRIJA	4	SP, PA
NEUPRO	3	
NOURIANZ	4	SP, PA, QL
pramipexole	1	
ropinirole	1	
RYTARY	3	ST
XADAGO	3	ST

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2]		
Medication	**Tier**	**Notes**
ABILIFY ASIMTUFII	2	QL
ABILIFY MAINTENA	2	QL
aripiprazole	1	QL
ARISTADA	2	QL

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2] *(cont.)*		
Medication	**Tier**	**Notes**
ARISTADA INITIO	2	
asenapine	1	
CAPLYTA	3	QL, ST
chlorpromazine	1	
ERZOFRI	2	QL
INVEGA HAFYERA	2	QL
INVEGA SUSTENNA	2	QL
INVEGA TRINZA	2	QL
lurasidone	1	QL
olanzapine	1	
paliperidone er	1	QL
PERSERIS	3	QL
quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tablet	1	
quetiapine er	1	
REXULTI	2	QL, ST
risperidone	1	
RYKINDO	3	QL
SECUADO	3	ST
UZEDY	3	QL
VRAYLAR	3	QL
ziprasidone	1	

SEIZURE DISORDERS		
Medication	**Tier**	**Notes**
carbamazepine er	1	
clonazepam	1	
DILANTIN 100 MG CAPSULE; CHEWABLE TABLET, ORAL SUSPENSION	3	PA
DILANTIN 30 MG CAPSULE	2	PA
divalproex	1	
divalproex er	1	
EPIDIOLEX	4	SP, PA
FINTEPLA	4	SP, PA

SEIZURE DISORDERS *(cont.)*		
Medication	**Tier**	**Notes**
gabapentin	1	
lacosamide	1	
lamotrigine er	1	
lamotrigine odt	1	
levetiracetam er	1	
LYRICA	3	PA
NAYZILAM	2	PA, QL
oxcarbazepine	1	
OXTELLAR XR	3	PA
PHENYTEK	3	PA
pregabalin	1	
roweepra	1	
SPRITAM	3	PA
subvenite tablet	1	
TEGRETOL XR	3	PA
topiramate	1	
topiramate er	1	QL
TROKENDI XR	3	QL
VALTOCO	2	PA, QL
vigpoder	4	SP
XCOPRI	3	PA, QL

SKIN CONDITIONS		
Medication	**Tier**	**Notes**
ABSORICA	3	
ADBRY	4	SP, PA
azelaic acid	1	
BRYHALI	3	ST
CAPEX SHAMPOO	3	ST
CIBINQO	4	SP, PA, QL
clindamycin foam, gel, lotion, pledget, topical solution	1	
clobetasol cream, foam, gel, lotion, ointment, shampoo, topical solution, topical spray	1	
CLODERM	3	ST

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

SKIN CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
clotrimazole-betamethasone	1	
dapsone 5% gel, 7.5% gel pump	1	
DROPSAFE PREP PAD	1	
DRYSOL	3	
EBGLYSS	4	SP, PA
EUCRISA	2	ST
fluorouracil cream, topical solution	1	
halobetasol	1	
isotretinoin	1	
ketoconazole cream, foam, shampoo	1	
LEQSELVI	4	SP, PA, QL
lexette	1	
LITFULO	4	SP, PA, QL
mupirocin ointment	1	
NAFTIN	3	
NEMLUVIO	4	SP, PA
neuac gel	1	
ONEXTON	3	
OPZELURA	3	PA
pimecrolimus	1	
PRAMOSONE	3	
RETIN-A MICRO PUMP 0.08% GEL	3	PA_AGE
rosadan cream, gel	1	
SANTYL	3	QL
sodium sulfacetamide-sulfur 9-4%, 9.8-4.8%, 10-2%, 10-5% cleanser; cream; lotion; pad; 8-4%, 10-5% topical suspension; wash	1	
SOOLANTRA	3	
sulfacleanse 8-4	1	
tacrolimus ointment	1	
tazarotene cream, gel	1	
TAZORAC	3	
tretinoin cream, gel	1	PA_AGE

SKIN CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
triderm	1	
TWYNEO	3	
VALCHLOR	4	SP
XEPI	3	
zenatane	1	
ZORYVE 0.05%, 0.15% CREAM	2	QL, ST

SLEEP DISORDERS/SEDATIVES		
Medication	**Tier**	**Notes**
armodafinil	1	PA
DAYVIGO	2	QL, ST
doxepin tablet	1	QL
eszopiclone	1	
LUMRYZ	4	SP, PA, QL
modafinil	1	PA
SODIUM OXYBATE (by Hikma Pharmaceutical)	4	SP, PA, QL
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	SP, PA, QL
XYWAV	4	SP, PA, QL
zolpidem sublingual tablet, tablet	1	
zolpidem er	1	QL

SMOKING CESSATION		
Medication	**Tier**	**Notes**
APO-VARENICLINE	3	OC
bupropion sr 150 mg tablet	1	PPACA, OC
NICOTROL NS	3	PPACA, OC
varenicline	1	PPACA, OC

SUBSTANCE ABUSE		
Medication	**Tier**	**Notes**
BRIXADI	4	SP
buprenorphine-naloxone	1	
KLOXXADO	2	QL

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Cigna Healthcare Advantage 4-Tier Prescription Drug List

SUBSTANCE ABUSE *(cont.)*		
Medication	**Tier**	**Notes**
LUCEMYRA	2	QL
naltrexone	1	QL
NARCAN (by Adapt Pharmaceutical)	3	QL
OPVEE	3	QL
SUBLOCADE	3	SP
SUBOXONE	3	
ZIMHI	3	QL
ZUBSOLV	2	

TRANSPLANT MEDICATIONS		
Medication	**Tier**	**Notes**
ENVARSUS XR	4	SP
everolimus 0.25 mg, 0.5 mg, 0.75 mg, 1 mg tablet	4	SP
LUPKYNIS	4	SP, PA, QL
mycophenolate	4	SP
mycophenolic acid	4	SP
PROGRAF AMPULE	4	SP
PROGRAF GRANULE PACKET	4	SP
REZUROCK	4	SP, PA
sirolimus	4	SP
tacrolimus capsule	4	SP

URINARY TRACT CONDITIONS		
Medication	**Tier**	**Notes**
alfuzosin er	1	
cevimeline	1	
dutasteride	1	
ELMIRON	3	
finasteride 5 mg tablet	1	
GEMTESA	3	QL, ST
K-PHOS NO.2, ORIGINAL	3	
mirabegron er	1	QL
oxybutynin er	1	
phenazopyridine 100 mg, 200 mg tablet	1	

URINARY TRACT CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
potassium citrate er	1	
solifenacin	1	QL
tamsulosin	1	
tolterodine er	1	QL
trospium er	1	
VANRAFIA	4	SP, PA, QL

VACCINES

Not all plans cover vaccines in the same way. Log in to the myCigna app or **myCigna.com**, or check your plan details, to see how your plan covers them.

Medication	**Tier**	**Notes**
ABRYSVO	3	PPACA
ACTHIB	3	PPACA
ADACEL	3	PPACA
AFLURIA	3	PPACA
AREXVY	3	PPACA
BEXSERO	3	PPACA
BOOSTRIX	3	PPACA
CAPVAXIVE	3	PPACA
COMIRNATY	3	PPACA
DAPTACEL	3	PPACA
DENGVAXIA	3	PPACA
ENGERIX-B	3	PPACA
FLUAD	3	PPACA
FLUAD QUAD	3	PPACA
FLUARIX	3	PPACA
FLUBLOK	3	PPACA
FLUCELVAX	3	PPACA
FLULAVAL	3	PPACA
FLUMIST	3	PPACA
FLUZONE	3	PPACA
GARDASIL 9	3	PPACA
HEPLISAV-B	3	PPACA
HIBERIX	3	PPACA

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VACCINES *(cont.)*

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Medication	Tier	Notes
INFANRIX	3	PPACA
IPOL	3	PPACA
JANSSEN COVID	3	PPACA
KINRIX	3	PPACA
MENQUADFI	3	PPACA
MENVEO A-C-Y-W-135-DIP	3	PPACA
M-M-R II VACCINE	3	PPACA
MNEXSPIKE	3	PPACA
MODERNA COVID	3	PPACA
MRESVIA	3	PPACA
NOVAVAX COVID	3	PPACA
NUVAXOVID	3	PPACA
PEDIARIX	3	PPACA
PEDVAXHIB	3	PPACA
PENBRAYA	3	PPACA
PENMENVY MEN A-B-C-W-Y	3	PPACA
PENTACEL	3	PPACA
PFIZER COVID	3	PPACA
PNEUMOVAX 23	3	PPACA
PREHEVBRIO	3	PPACA
PREVNAR 20	3	PPACA
PRIORIX	3	PPACA

VACCINES *(cont.)*

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

VITAMINS

Medication	Tier	Notes
CITRANATAL MEDLEY	3	
POLY-VI-FLOR 0.25 MG, 1 MG CHEWABLE TABLET	3	PPACA
POLY-VI-FLOR WITH IRON CHEWABLE TABLET	3	PPACA

WEIGHT MANAGEMENT

Medication	Tier	Notes
FOUNDAYO	2	PA, QL, OC
WEGOVY, WEGOVY HD	2	PA, QL, OC

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Tier 1 – Generics
Tier 2 – Preferred Brands
Tier 3 – Non-Preferred Brands
Tier 4 – Specialty Medications

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement

SP – Specialty Medication
PPACA – $0 Preventive Medication
OC – Optional Coverage

Your questions, answered.

Find answers to common questions about your drug list and prescription coverage.

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 have coverage for safe and effective medications at a lower cost. We make changes for many reasons. For example, when a new medication comes out or is no longer available or when the cost of a medication goes up a lot. 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 comes out.** 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 usually happens twice a year on January I and July I.
- **Adding extra coverage rules to a medication.** This usually happens twice a year on January I and July I.

When we make a change that affects your medication – like if it will cost more, won't be covered, or will have a coverage rule added – we'll let you know before it happens. That way, you have time to talk with your doctor about your options and, together, can decide what's best for your care.

Q. Why doesn't my plan cover certain medications?
A. To help keep your costs down, your plan doesn't cover (won't pay for) certain high-cost brand-name medications if there's a lower-cost option that treats the same condition. If your medication isn't covered and your doctor doesn't think a different option is right for you, your doctor's office can contact us to see if it can be approved.

There are also some medications and products that your plan won't cover for any reason because they're a "benefit exclusion." The medication isn't on your drug list and we can't approve it through the coverage review process.

For example, your plan doesn't cover (or "excludes"):

- Prescription medications that treat allergies (like Allegra, Clarinex, Xyzal, and generics) and heartburn/stomach acid problems (like Nexium, Prilosec OTC, and generics).
- Medications that treat lifestyle conditions like infertility, erectile dysfunction and smoking.[4]
- Medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

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 make sure you're getting coverage for the right medication, at the right cost, in the right amount, and for the right reason.

Q. How do I know if a medication needs approval?
A. Check your drug list or log in to the myCigna app or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, then it needs approval before your plan will cover it.

- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

If your medication needs approval, ask your doctor's office to contact us to start the coverage review. They'll take care of everything for you.

Q. What types of medications usually need approval?
A. Medications that:

- May not be safe to take with certain medications.
- Have lower-cost options that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

Q. What types of medications usually have quantity limits?
A. Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

Q. What medications are part of Step Therapy?
A. They're usually high-cost medications that treat conditions like:

- 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. It's to help keep you safe. Some medications are only tested and proven safe and effected for certain age groups. Medications don't work the same for everyone. For example, what works for adults may be too strong for kids, and what works for young adults may not work as well for older adults.

Q. How do I get approval (prior authorization) for my medication?
A. Ask your doctor's office to contact us to start the review process. They'll take care of everything for you. If they need a request form, they can get it from our provider portal at **cignaforhcp.com**.

We'll review the information your doctor sends to see if you meet the coverage rules for the medication. Then we'll send you and your doctor a letter with our decision – approved or not approved – and next steps. It can take up to five business days to hear from us. You can check with your doctor's office for updates. Or log in to the myCigna app or **myCigna.com** to see where your medication is in the review process or read our decision. If your medication isn't approved, your plan won't cover it. You can still fill it without using your plan (insurance), but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum.

Sometimes, we don't get all the details we need from your doctor to approve your medication. If we don't approve it, your doctor can send us more information to review using the same process. We're happy to take another look.

Q. What happens if I try to fill a prescription that needs approval, but I don't get it ahead of time?
A. When your pharmacist tries to put your prescription through their system, they'll see that the medication needs our approval before it can be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. These costs won't count toward your deductible or out-of-pocket maximum. Instead, ask your doctor's office to contact us to start the coverage review process.

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 allows. If your doctor wants you to fill more than your plan covers, your doctor's office can contact us to see if more can be approved.

Your questions, answered. *(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 look at new medications, supplies and devices to decide if they should be covered and on what tier (cost). This review can take up to six months after the FDA approves them. If your doctor wants you to use a newly approved medication, they can ask us to cover it through our review process.

Q. What are preventive medications?
A. They can help keep you from getting certain long-term health conditions, which improves your chances of staying well and living longer. These are conditions like asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that causes bones to become weak), prenatal nutrient deficiency (when a pregnant person doesn't get enough of the nutrients they need), and stroke.

Q. Which medications are covered under the health care reform law?
A. The Patient Protection and Affordable Care Act (PPACA), also known as "health care reform," was signed into law on March 23, 2010. PPACA requires health plans to cover the full cost of certain preventive medications and overthe-counter (OTC) products. This means you don't have to pay anything ($0) for these products – no copay, no coinsurance, no deductible.

To see a list of $0 medications, go to **Cigna.com/PDL**. Click the dropdown next to "Drug Lists for Employer Plans." Under Preventive Drug Lists, click the link for the PPACA No Cost-Share Preventive Drug List.

Q. How can I find out how much my medication will cost me?
A. When you and your doctor are choosing a medication, it's good to know its price – before you get to the pharmacy or even before you leave the doctor's office. Log in to the myCigna app or **myCigna.com** and use the Price a Medication tool. It shows how much your medication costs, your lower-cost options, and which pharmacies have the best prices.[5]

Q. What's a cost-share?
A. This is the amount you pay out of your own pocket for a covered prescription and/or health care or related service – like a copay, coinsurance, or deductible.

Q. How can I save money on my prescription medications?
A. You may be able to save money by switching to a lower-cost medication, like a generic, or by getting a 90-day supply (if your plan allows). Talk to your doctor to see what may work best for you.

Q. What's a generic medication?
A. Generic work the same and provide the same health benefits as brand-name medications – and usually costs less.[3] They have the same active ingredient, strength, and form (like a tablet or capsule). Generics are usually sold under their chemical or scientific name, instead of the brand name.

Q. Do generics work the same as brand-name medications?
A. Yes. Generics work the same and provide the same health benefits as brand-name medications.[3]

Q. What are the differences between generic and brand-name medications?
A. Generics and brands may:[3]

- Look different – come in a different shape, size, or color.
- Come in different flavors.
- Have different preservatives (ingredients that help keep the medication fresh) or inactive ingredients
- Come in different packaging or with different labeling.

These small differences don't change how well the generic works.

Your questions, answered. *(cont.)*

Q. What is a "biosimilar" medication?
A. Biosimilars are medications that are almost the same as another medication the FDA has already approved. There are no meaningful differences between them. They're just as safe and work just as well as the original medication. They provide the same treatment results – and usually cost less.[6]

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. To save money, you should use a pharmacy that's in your network. If you go outside your network, you'll pay more for your medication – or it may not be covered at all. Log in to the myCigna app or **myCigna.com**, or check your plan details, to find an in-network pharmacy.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[7]

Home delivery with Express Scripts® Pharmacy

It's a simple and safe way to get the medications you take regularly – without trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Order, manage, track, and pay for your medication on your phone or online.
- Get standard shipping at no extra cost.[8]
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.[9]
- Use a payment plan (if you need it).

Here are two easy ways to get started:

1. **Online.** Log in to **myCigna**. Go to the Prescriptions tab. Select My Medications from the menu. Find your medication and click the button to move your prescription.
2. **By phone.**
   - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or
   - Call Express Scripts Pharmacy at **800.835.3784** and ask them to get your prescription from your doctor. Have your ID card, doctor's contact info, and medication name(s) ready when you call.

Accredo® Specialty Pharmacy

Accredo supports people living with rare and complex medical conditions. They also fill and ship specialty medications – so you can focus on your health, not trips to the pharmacy. To learn more, go to **Cigna.com/specialty**.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.[8]
- Find ways to pay for your medication (if you need it).
- Sign up for refills and reminders. Some refills can be done by text.[10]
- Order, manage, track and pay for your medication on your phone or online.

To get started with Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

Q. Where can I find more information about my pharmacy benefits?
A. You can use the myCigna app or **myCigna.com** to learn more about your pharmacy coverage. It's easy to check your medication costs, find lower-cost options, see what's covered, find in-network pharmacies, ask a pharmacist questions, and see your claims. You can also manage your home delivery orders.[7]

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:[11]

- 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,[12] sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,[12] 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 the number on your ID card.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. fda.gov/drugs/generic-drugs/generic-drug-facts.
4. Quit smoking medications aren't usually covered, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.
7. Not all plans offer Express Scripts Pharmacy and Accredo Specialty Pharmacy as covered pharmacy options. Log in to the myCigna app or myCigna.com, or check your plan details, to learn more about the pharmacies in your plan's network. Cigna Healthcare, Evernorth Health Services, Express Scripts Pharmacy, and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services – but you have the right to fill prescriptions at any pharmacy in your network (as your plan allows). Log in to the myCigna app or myCigna.com to see all of your in-network options.
8. Your plan pays the cost for standard shipping.
9. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna app or myCigna.com, or call 800.835.3784, to sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
10. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
11. 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.
12. **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.

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