



Cigna Healthcare Advantage 4-Tier Prescription Drug List

Coverage as of July 1, 2024

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

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View your drug list online

This document was last updated on 03/01/2024.* Go online to see the most up-to-date list of medications your plan covers.

- **myCigna® App¹ or myCigna.com®.** Click on the Prescriptions tab and select Price a Medication from the dropdown menu. Then type in your medication name.
- **Cigna.com/PDL.** Scroll down until you see a pdf of the **Cigna Advantage 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

Questions?

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

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

Last updated: 03/01/2024, for changes starting 07/01/2024

Next planned update: 11/01/2024, for changes starting 01/01/2025

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Advantage 4-Tier Prescription Drug List as of July 1, 2024. Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The drug list is updated often so it isn't a full list of the medications your plan covers.** Also, your specific plan may not cover all of these medications. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can buy these medications at the pharmacy without a prescription.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on this drug list.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) CABERGOLINE (QL) desmopressin dexamethasone intensol DOTTI (QL) estradiol (QL) LEVOXYL millipred prednisolone prednisolone sodium phos odt prednisolone sodium phosphate	DUAVEE COMBIPATCH ESTROGEL (QL) MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORLISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CRINONE 4% GEL (PA) CYTOMEL DEPO-TESTOSTERONE ESTRACE ESTRING (QL) EVAMIST EVAMIST INTRAROSA (QL) MEDROL MENOSTAR (QL) OSPHENA (QL) PROMETRIUM RAYALDEE UNITHROID

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

Medications are grouped by the **condition** they treat; **Specialty medications** are covered on Tier 4 (pages 16-29)

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

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

Generic medications are in all **lowercase letters**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare Advantage 4-Tier Prescription Drug List.

Tiers

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

· Tier 1 – Typically Generics	(Lowest-cost medication)	\$
· Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
· Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
· Tier 4 – Specialty Medications	(Highest-cost medication)	\$\$\$\$

Letters (acronyms) next to medication names

Certain medications may need approval from Cigna Healthcare before they can be covered.* This extra step helps make sure you're getting the right coverage for the right medication. In this drug list, medications that have extra coverage requirements or limits have **letters (acronyms) in parenthesis** next to them. 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 make sure the medication meets coverage requirements.
(QL)	Quantity Limit – 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.
(ST)	Step Therapy – 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.
(AGE)	Age Requirement – 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.

* 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.

Brand-name medications are in all capital letters

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

Specialty medications are covered on Tier 4

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, **all specialty medications are covered on Tier 4** (see pages I6–I9). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

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

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

Some plans may cover certain non-covered medications

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

How to find your medication

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

Condition	Page	Condition	Page
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	12, 13
ASTHMA/COPD/RESPIRATORY	6	INFERTILITY	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13
BLOOD THINNERS/ANTI-CLOTTING	7	OSTEOPOROSIS PRODUCTS	13
CANCER	7	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CHOLESTEROL MEDICATIONS	7, 8	PARKINSON'S DISEASE	14
CONTRACEPTION PRODUCTS	8-10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	14
DENTAL PRODUCTS	10	SKIN CONDITIONS	14
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	14
DIURETICS	11	SUBSTANCE ABUSE	14
EAR MEDICATIONS	11	URINARY TRACT CONDITIONS	14
EYE CONDITIONS	11	VACCINES	15
FEMININE PRODUCTS	11	WEIGHT MANAGEMENT	15

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ALLERGY/NASAL SPRAYS

azelastine 0.1% (137 mcg) spray azelastine-fluticasone epinephrine (QL) fluticasone^ hydroxyzine capsule, syrup, tablet		GRASTEK (PA, QL) ODACTRA (PA, QL) ORALAIR (PA, QL) RAGWITEK (PA, QL)
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ALZHEIMER'S DISEASE

donepezil donepezil odt memantine memantine er (QL) pyridostigmine pyridostigmine er	ADLARITY (PA, QL)	ARICEPT NAMENDA NAMENDA XR (QL) NAMZARIC (QL) regonol
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ANXIETY/DEPRESSION/BIPOLAR DISORDER²

bupropion sr 150 mg (QL) bupropion xl 150 mg, 300 mg tablet (QL) buspirone citalopram tablet (QL) citalopram 10 mg/5 ml solution (QL) desvenlafaxine er (QL) duloxetine (QL) escitalopram (QL) fluoxetine (QL) fluoxetine dr (QL) sertraline tablet (QL) sertraline 20mg/ml oral concentrate (QL) trazodone venlafaxine (QL) venlafaxine er (QL)	TRINTELLIX (QL)	EMSAM (QL) FETZIMA (QL, ST)
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ASTHMA/COPD/RESPIRATORY

albuterol albuterol hfa 90 mcg inhaler (QL)	ALVESCO ANORO ELLIPTA (QL)	AIRDUO DIGIHALER (QL, ST) SINGULAIR
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ASTHMA/COPD/RESPIRATORY (cont.)

breyna (QL) budesonide-formoterol (QL) fluticasone-salmeterol 100-50, 250-50, 500-50 (QL) montelukast wixela inhub (QL)	ASMANEX (QL) ASMANEX HFA (QL) ATROVENT HFA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) INCRUSE ELLIPTA QVAR REDIHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TRELEGY ELLIPTA (QL)	
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ATTENTION DEFICIT HYPERACTIVITY DISORDER²

atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL) dextroamphetamine-amphetamine (PA) dextroamphetamine-amphetamine er (PA, QL) guanfacine er methylphenidate (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate er (la) (PA, QL) methylphenidate er 10 mg capsule, tablet (PA, QL) methylphenidate er 15 mg capsule (PA, QL)		ADDERALL (PA, ST) DAYTRANA (PA, QL) FOCALIN (PA, ST) METHYLIN (PA) QUILLIVANT XR (PA, QL) RITALIN (PA, ST) XELSTRYM (PA, QL)
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Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER² (cont.)		
methylphenidate er 18 mg tablet (PA, QL)		
methylphenidate er 20 mg capsule, tablet (PA, QL)		
methylphenidate er 27 mg tablet (PA, QL)		
methylphenidate er 30 mg capsule (PA, QL)		
methylphenidate er 36 mg tablet (PA, QL)		
methylphenidate er 40 mg capsule (PA, QL)		
methylphenidate er 50 mg capsule (PA, QL)		
methylphenidate er 54 mg tablet (PA, QL)		
methylphenidate er 60 mg capsule (PA, QL)		
methylphenidate la (PA, QL)		

BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	ENTRESTO (QL)	BIDIL (QL)
amlodipine-valsartan	NORLIQVA (PA, QL)	CARDIZEM LA (QL)
atenolol	VERQUVO (PA, QL)	LABETALOL 10 MG/2 ML SYRINGE
cartia xt		NITROSTAT
carvedilol		NORVASC
carvedilol er (QL)		TIAZAC
clonidine		
diltiazem tablet		
diltiazem 12hr er		
diltiazem 24hr er		
diltiazem 24hr er (cd)		
diltiazem 24hr er (la) (QL)		
diltiazem 24hr er (xr)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
dilt xr		
flecainide		
irbesartan		
lisinopril		
lisinopril-hctz		
losartan		
losartan-hctz		
matzim la		
metoprolol		
metoprolol		
metoprolol er		
olmesartan (QL)		
olmesartan-amlodipine-hctz		
olmesartan-hctz (QL)		
propranolol		
propranolol er		
taztia xt		
telmisartan (QL)		
tiadylt er		
valsartan tablet		
valsartan-hctz		

BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA ELIQUIS (PA) XARELTO (PA)	SAVAYSA (PA, QL) ZONTIVITY
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CANCER

anastrozole+ exemestane+ methotrexate methotrexate tamoxifen+		ARIMIDEX AROMASIN
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CHOLESTEROL MEDICATIONS

atorvastatin 40 mg, 80 mg	REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) TRICOR (ST) ZETIA
atorvastatin 10 mg, 20 mg+ ezetimibe FENOFIBRATE		
fluvastatin er+ fluvastatin+ icosapent ethyl		
lovastatin 20 mg, 40 mg+ lovastatin 10 mg		

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS (cont.)

pitavastatin+ (QL)
pravastatin+
rosuvastatin 20 mg,
40 mg (QL)
rosuvastatin 5 mg,
10 mg+ (QL)
simvastatin 5 mg,
80 mg (QL)
simvastatin 10 mg,
20 mg, 40 mg+
(QL)

CONTRACEPTION PRODUCTS

afirmelle+
altavera+
alyacen+
amethia+
amethyst+
apri+
aranelle+
ashlyna+
aubra eq+
aubra+
aurovela 24 fe+
aurovela fe+
aurovela+
aviane+
ayuna+
azurette+
balziva+
blisovi 24 fe+
blisovi fe+
briellyn+
camila+
camrese lo+
camrese+
caziant+
charlotte 24 fe+
chateal eq+
chateal+
cryselle+
cyred eq+
cyred+
dasetta+
daysee+
deblitane+
desogestrel-ethinyl
estradiol+

LO LOESTRIN FE

ANNOVERA
BEYAZ
CAYA
CONTOURED+
ELLA+
FEMCAP+
layolis fe+
LOESTRIN FE
MINASTRIN 24 FE
NUVARING
SAFYRAL
TYBLUME
WIDE SEAL
DIAPHRAGM+
YASMIN 28
YAZ

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

desogestrel-ethinyl
estradiol ethinyl
estradiol+
dolishale+
drospirenone-
ethinyl estradiol-
levomefolate+
drospirenone-
ethinyl estradiol+
elimest+
eluryng+
enilloring+
enpresse+
enskyce+
errin+
estarylla+
ethynodiol-ethinyl
estradiol+
etonogestrel-
ethinyl estradiol+
falmina+
finzala+
gemmily+
hailey 24 fe+
hailey fe+
hailey+
haloette+
heather+
iclevia+
incassia+
isibloom+
jaimiess+
jasmiel+
jencycla+
jolessa+
joyeaux+
juleber+
junel fe 24+
junel fe+
junel+
kaitlib fe+
kalliga+
kariva+
kelnor 1-35+
kelnor 1-50+
kurvelo+
larin 24 fe+
larin fe+

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

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

larin+		
leena+		
lessina+		
levonest+		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol ethinyl estradiol+		
levonorgestrel- ethinyl estradiol-fe bisglycinate+		
levora-28+		
lojaimiess+		
loryna+		
low-ogestrel+		
lo-zumandimine+		
lutra+		
lyleq+		
lyza+		
marlissa+		
medroxyprogester- one+		
merzee+		
mibelas 24 fe+		
microgestin 24 fe+		
microgestin fe+		
microgestin+		
mili+		
mono-linyah+		
necon+		
nikki+		
nora-be+		
norelgestromin- ethinyl estradiol+		
norethindrone+		
norethindrone- ethinyl estradiol- fe+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol ferrous fumarate+		
norgestimate- ethinyl estradiol+		
norlyda+		
nortrel+		

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

nylia+		
nymyo+		
ocella+		
philith+		
pimtrea+		
pirmella+		
portia+		
previfem+		
reclipsen+		
rivelsa+		
setlakin+		
sharobel+		
simliya+		
simpesse+		
sprintec+		
sronyx+		
syeda+		
tarina 24 fe+		
tarina fe 1-20 eq+		
tarina fe+		
taysofy+		
tilia fe+		
tri femynor+		
tri-estarylla+		
tri-legest fe+		
tri-linyah+		
tri-lo-estarylla+		
tri-lo-marzia+		
tri-lo-mili+		
tri-lo-sprintec+		
tri-mili+		
tri-nymyo+		
tri-previfem+		
tri-sprintec+		
trivora-28+		
tri-vylibra lo+		
tri-vylibra+		
tulana+		
turqoz+		
tydemy+		
velivet+		
vestura+		
vienva+		
viorele+		
volnea+		
vyfemla+		
vylibra+		
wera+		

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

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

wymzya fe+
xulane+
zafemy+
zarah+
zovia 1-35+
zumandimine+

COUGH/COLD MEDICATIONS

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

TUZISTRA XR (PA,
QL)

DENTAL PRODUCTS

chlorhexidine
doxycycline hyclate
FLUORIDEX DAILY
DEFENSE 1.1%
oralone
periogard
triamcinolone

CLINPRO 5000
FLORIVA 0.25 MG/
ML DROPS+
FLUORIDEX
SENSITIVITY RELIEF
JUST RIGHT 5000
PERIDEX
PREVIDENT
PREVIDENT 5000

DIABETES

ACCU-CHEK
ACCU-CHEK
CONTROL
SOLUTION
ACCU-CHEK
FASTCLIX
LANCING DEVICE
ADVOCATE
SYRINGE
ASSURE ID INSULIN
SAFETY
AUTOSHIELD DUO
PEN NEEDLE
BD ECLIPSE
30GX1/2" SYRINGE
BD INSULIN PEN
NEEDLE, SYRINGE
BD LUER-LOK
SYRINGE 1 ML
CARETOUCH
INSULIN SYRINGE

BAQSIMI (QL)
BASAGLAR
KWIKPEN U-100
(QL)
BASAGLAR TEMPO
PEN U-100 (QL)
BYDUREON BCISE
(PA, QL)
BYETTA (PA, QL)
CEQR SIMPLICITY
CEQR SIMPLICITY
INSERTER
DEXCOM G6
RECEIVER (PA, QL)
DEXCOM G6
SENSOR (PA, QL)
DEXCOM G6
TRANSMITTER (PA,
QL)
DEXCOM G7
RECEIVER (PA, QL)

ACCU-CHEK GUIDE
ME GLUCOSE
METER
ACCU-CHEK GUIDE
MONITOR SYSTEM
CONTOUR METER
CONTOUR NEXT
METERS
CYCLOSET
FREESTYLE
FREEDOM LITE
FREESTYLE
INSULINX
GLUCOSE SYSTEM
FREESTYLE LITE
METER
GLUCAGEN DIAG-
NOSTIC VIAL
GLUCAGON
EMERGENCY KIT
(QL)

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

COMFORT EZ
INSULIN SYRINGE
DROPLET GENTEEL
LANCING DEVICE
DROPLET INSULIN
SYRINGE
EASY COMFORT
INSULIN SYRINGE
EASY GLIDE
INSULIN SYRINGE
EASY TOUCH
INSULIN SAFETY
EASY TOUCH
FLIPLock INSULIN
EASY TOUCH
INSULIN SYRINGE
EASY TOUCH LUER
LOCK INSULIN
EASY TOUCH
SHEATHLOCK
INSULIN
EASY TOUCH UNI-
SLIP SYRINGE 1 ML
EASY-TOUCH
INSULIN SYRINGE
FREESTYLE
PRECISION
GUARDIAN RT
CHARGER
GUARDIAN TEST
PLUG
HEALTHWISE
INSULIN SYRINGE
INPEN (FOR
HUMALOG)
INPEN (FOR
NOVOLOG OR
FIASP)
INSULIN SYRINGE
LITETOUCH
INSULIN SYRINGE
MAGELLAN
INSULIN SYRINGE
MAXICOMFORT
INSULIN SYRINGE
metformin 500 mg,
850 mg, 1,000 mg
tablet

DEXCOM G7
SENSOR (PA, QL)
FARXIGA (QL, ST)
FREESTYLE LIBRE
14 DAY READER,
SENSOR (PA, QL)
FREESTYLE LIBRE 2
READER, SENSOR
(PA, QL)
FREESTYLE LIBRE 3
SENSOR (PA, QL)
GLYXAMBI (QL, ST)
HUMALOG (QL)
HUMULIN 70/30,
HUMULIN N,
HUMULIN R (QL)
INSULIN LISPRO
(QL)
INSULIN LISPRO
JUNIOR KWIKPEN
(QL)
INSULIN LISPRO
KWIKPEN (QL)
INSULIN LISPRO
PROTAMINE MIX
(QL)
JANUMET (QL, ST)
JANUMET XR (QL,
ST)
JANUVIA (QL, ST)
JARDIANCE (QL, ST)
LYUMJEV (QL)
LYUMJEV TEMPO
PEN U-100 (QL)
MOUNJARO (PA,
QL)
OMNIPOD 5 G6
INTRO KIT (GEN 5)
(QL)
OMNIPOD 5 G6
PODS (GEN 5) (QL)
OMNIPOD CLASSIC
PDM KIT(GEN 3)
(QL)
OMNIPOD CLASSIC
PODS (GEN 3) (QL)

GLUCOCARD
EXPRESSION
METER
GLUCOCARD SHINE
METER
GLUCOCARD VITAL
METER KIT
PARADIGM
RESERVOIR 3 ML
POGO AUTOMATIC
BLOOD GLUCOSE
SYSTEM
PRECISION XTRA
KETONE-GLUCOSE
KIT, MONITOR
TRUE METRIX AIR
GLUCOSE METER
TRUE METRIX
BLOOD GLUCOSE
METER
ULTIGUARD
SAFEPACK
SYRINGE

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
metformin 500 mg/5 ml, 850 mg/8.5 ml cup	OMNIPOD DASH INTRO KIT (GEN 4) (QL)	
metformin 500 mg/5 ml solution	OMNIPOD DASH PODS (GEN 4) (QL)	
metformin er	OMNIPOD GO	
MICROLET 2	PODS (QL)	
MICROLET NEXT LANCING DEVICE	ONETOUCH ULTRA TEST STRIP	
MONOJECT INSULIN SYRINGE	ONETOUCH VERIO FLEX METER	
NANO 2 GEN PEN NEEDLE	ONETOUCH VERIO REFLECT METER	
PARADIGM RESERVOIR 1.8 ML	ONETOUCH VERIO TEST STRIP	
PRO COMFORT INSULIN SYRINGE	OZEMPIC (PA, QL)	
PRODIGY INSULIN SYRINGE	REZVOGLAR KWIKPEN (QL)	
SAFESNAP INSULIN SYRINGE	RYBELSUS (PA, QL)	
SAFETYGLIDE INSULIN SYRINGE	SOLIQUA 100-33 SYMLINPEN	
SURE COMFORT INSULIN SYRINGE	SYNJARDY (QL, ST)	
SURE-JECT INSULIN SYRINGE	SYNJARDY XR (QL, ST)	
TECHLITE INSULIN SYRINGE	TRESIBA (QL)	
TERUMO INSULIN SYRINGE	TRIJARDY XR (QL, ST)	
THINPRO INSULIN SYRINGE	TRULICITY (PA, QL)	
TOPCARE ULTRA COMFORT	V-GO 20, 30, 40	
TRUE COMFORT INSULIN SYRINGE	XIGDUO XR (QL, ST)	
TRUEPLUS INSULIN SYRINGE	ZEGALOGUE AUTO-INJECTOR (QL)	
ULTICARE INSULIN SYRINGE	ZEGALOGUE SYRINGE (QL)	
ULTIGUARD SAFEPACK SYRINGE		
ULTILET INSULIN SYRINGE		
ULTRA COMFORT		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
ULTRA FLO INSULIN SYRINGE		
ULTRACARE INSULIN SYRINGE		
ULTRA-FINE PEN NEEDLE		
VANISHPOINT INSULIN SYRINGE		
VEO INSULIN SYRINGE		
DIURETICS		
chlorthalidone	CAROSPIR	MAXZIDE
eplerenone	SUSPENSION (PA)	
furosemide solution, tablet	KERENDIA (PA, QL)	
hydrochlorothiazide		
spironolactone		
triamterene-hctz		
EAR MEDICATIONS		
ciprofloxacin-dexamethasone		CIPRO HC
neomycin-polymyxin-hc		CIPROFLOXACIN-FLUOCINOLONE
ofloxacin		OTOVEL
EYE CONDITIONS		
cyclosporine	AZASITE	ACUVAIL
dorzolamide-timolol	BESIVANCE	ALREX
erythromycin	BETOPTIC S	ILEVRO
latanoprost	BROMSITE	PROLENSA
ofloxacin	CEQUA	RHOPRESSA
polymyxin b-trimethoprim	EYSUVIS (QL)	ROCKLATAN
tobramycin	FLAREX	TOBRADEX EYE OINTMENT
travoprost	INVELTYS	ZIRGAN
	LOTEMAX 0.5% EYE OINTMENT	ZYLET
	LOTEMAX SM	
	SIMBRINZA	
	TOBRADEX ST	
	XIIDRA	
FEMININE PRODUCTS		
GYNAZOLE 1 miconazole 3 200 mg suppository		
terconazole		

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
dicyclomine capsule, solution, tablet	CLENPIQ+	BONJESTA
esomeprazole [^] (QL)	LINZESS	CARAFATE
famotidine suspension	NEXIUM DR 2.5 MG, 5 MG PACKET (QL)	CUVPOSA
gavilyte-c+	PANCREAZE	DICLEGIS
gavilyte-g+	SUFLAVE+	LITHOSTAT
gavilyte-n+	SUTAB+	MOTOFEN
lubiprostone	TRULANCE	MOVANTIK (PA)
mesalamine	VIBERZI	RECTIV
mesalamine dr		RELISTOR (PA)
mesalamine er		SANCUSO (PA, QL)
metoclopramide		SFROWASA
omeprazole capsule [^] (QL)		SYMPROIC (PA)
ondansetron		VARUBI (PA, QL)
ondansetron odt		VIOKACE
pantoprazole [^] (QL)		
peg 3350-electrolyte+		
peg-3350 and electrolytes+		
peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid+		
peg-prep+		
sodium sulfate-potassium sulfate-magnesium sulfate+		

HORMONAL AGENTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
desmopressin solution, spray, tablet	COMBIPATCH	ACTIVELLA
dotti (QL)	DUAVEE	ANDRODERM (PA, QL)
estradiol (QL)	ESTRING (QL)	ANDROGEL (PA, QL)
estradiol (once weekly)	ESTROGEL	ANGELIQ
estradiol (twice weekly) (QL)	MYFEMBREE (PA, QL)	BIJUVA
euthyrox	ORIAHNN (PA, QL)	CRINONE (PA)
lev-o-t	ORLISSA (PA, QL)	CYTOMEL
	PREMARIN	DEPO-TESTOSTERONE
	PREMPHASE	EVAMIST
	PREMPRO	

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
levothyroxine tablet		INTRAROSA (QL)
levoxyl		MEDROL
liothyronine tablet		MENOSTAR (QL)
liothyronine 10 mcg/ml vial		OSPHENA (QL)
lyllana (QL)		RAYALDEE
methyl-prednisolone dosepack, tablet		TRIOSTAT
np thyroid		unithroid
prednisone		
prednisone intensol		
progesterone capsule, progesterone 500 mg/10 ml vial*		
testosterone (PA, QL)		
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml		
yuvafem (QL)		

INFECTIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
acyclovir capsule, suspension, tablet	LAGEVRIO (EUA) (QL)	AEMCOLO (QL)
amoxicillin	PAXLOVID (QL)	BAXDELA (PA)
amoxicillin-clavulanate	PAXLOVID (EUA) (QL)	BEYFORTUS+
amoxicillin-clavulanate er	XIFAXAN (QL)	BICILLIN L-A
azithromycin packet, suspension, tablet		BILTRICIDE
cefdinir		DIFICID (QL)
cephalexin		e.e.s. 400
doxy 100 mg vial		ERYPED 200
EMVERM		MACROBID
erythromycin		MACRODANTIN
fluconazole suspension, tablet		PLAQUENIL (PA)
hydroxychloroquine		SIVEXTRO (PA)
metronidazole tablet, vaginal gel		sulfatrim
		TAMIFLU (QL)
		VALTREX
		VIVJOA (PA)
		XENLETA TABLET (PA, QL)
		XOFLUZA (QL)

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 16-19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont.)		
nitrofurantoin oseltamivir (QL) posaconazole suspension, tablet praziquantel sulfamethoxazole suspension, tablet valacyclovir vandazole		ZITHROMAX PACKET, SUSPENSION, TABLET ZITHROMAX TRI- PAK ZYVOX (PA)

INFERTILITY		
	CRINONE [^] ENDOMETRIN [^]	MAKENA (PA)

MISCELLANEOUS		
ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX DROPLET LANCET MICROLET ONETOUCH LANCET sodium chloride SOFT TOUCH LANCET		KETONE TEST STRIP KETOSTIX REAGENT NUEDEXTA (QL) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA TRUEPLUS KETONE TEST STRIP

NUTRITIONAL/DIETARY		
ludent fluoride+ multi-vitamin w-fluoride-iron+ multivitamin with fluoride+ multivitamin-iron- fluoride+ sodium fluoride chewable tablet, drops+ tri-vitamin with fluoride+ tri-vite with fluoride+ vitamin d2 1.25 mg (50,000 unit) vitamins a,c,d and fluoride+	LOKELMA OB COMPLETE SOFTGEL, TABLET PRENATE DHA PRENATE ELITE VELPHORO VELTASSA	ACCRUFER AURYXIA (QL) DRISDOL EFFER-K FLORIVA+ MONOFERRIC (PA) mvc-fluoride+ NEEVODHA OB COMPLETE PHOSLYRA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE CHEWABLE PRENATE ENHANCE PRENATE ESSENTIAL PRENATE MINI PRENATE PIXIE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
NUTRITIONAL/DIETARY (cont.)		
		PRENATE RESTORE PRIMACARE QUFLORA PEDIATRIC 0.25 MG/ML DROPS, 0.5 MG/ ML DROPS, 1 MG CHEWABLE TABLET+ TRI-VI-FLOR+

OSTEOPOROSIS PRODUCTS		
alendronate ibandronate tablet raloxifene+ risedronate risedronate dr		ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST)

PAIN RELIEF AND INFLAMMATORY DISEASE		
allopurinol tablet buprenorphine film, patch (QL) celecoxib (QL) colchicine cyclobenzaprine diclofenac tablet diclofenac er ec-naproxen endocet (PA) hydrocodone- acetaminophen (PA) ibu 400 mg, 600 mg, 800 mg tablet ibuprofen suspension, 400 mg, 600 mg, 800 mg tablet lidocaine 5% patch, ointment, 2% solution (QL) meloxicam tablet methocarbamol 500 mg, 700 mg tablet oxycodone (PA) OXYCODONE ER (PA)	AIMOVIG AUTO- INJECTOR (PA) AJOVY AUTO- INJECTOR, SYRINGE (PA) BELBUCA (QL) EMGALITY (PA) HYSINGLA ER (PA) MITIGARE NURTEC ODT (PA, QL) OTREXUP (PA) QULIPTA (PA, QL) TRUDHESA (PA, QL) UBRELVY (PA, QL) XTAMPZA ER (PA) ZAVZPRET (PA, QL) ZTLIDO	BUTRANS (QL) CELEBREX (QL, ST) NUCYNTA (PA) NUCYNTA ER (PA) OXAYDO (PA) PROCTOFOAM-HC ROXYBOND (PA) SAVELLA

Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages I6-I9).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

oxycodone-acetaminophen (PA) prolate tablet (PA) sumatriptan (QL)		
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PARKINSON'S DISEASE

carbidopa-levodopa-entacapone pramipexole pramipexole er (QL) ropinirole ropinirole er		MIRAPEX ER (QL) NEUPRO RYTARY STALEVO XADAGO (ST)
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SCHIZOPHRENIA/ANTI-PSYCHOTICS²

aripiprazole (QL) aripiprazole odt quetiapine quetiapine er	ABILIFY ASIMTUFII (QL) ABILIFY MAINTENA (QL) ARISTADA (QL) ARISTADA INITIO REXULTI (QL, ST)	CAPLYTA (QL, ST) FANAPT (QL, ST) INVEGA HAFYERA (QL) INVEGA SUSTENNA (QL) INVEGA TRINZA (QL) PERSERIS (QL) RYKINDO (QL) SECUADO (ST) UZEDY (QL) VRAYLAR (QL, ST) ZYPREXA RELPREV (QL)
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SEIZURE DISORDERS

clonazepam gabapentin lacosamide lamotrigine lamotrigine (blue, green, orange) lamotrigine er lamotrigine odt lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin capsule, solution	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT 10 MG/ML SOLUTION	APTIOM (PA, QL) BRIVIACT (PA) CARBATROL (PA) DILANTIN (PA) LYRICA SOLUTION (PA) NEURONTIN (PA) ONFI (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) VIMPAT 200 MG/20 ML VIAL
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS (cont.)

roweepra subvenite subvenite (blue, green orange) topiramate er (QL) topiramate er		XCOPRI (PA, QL)
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SKIN CONDITIONS

amnesteem azelaic acid claravis clindacin etz 1% pledget clindacin p 1% pledget clindamycin DROPSAFE PREP PAD halobetasol isotretinoin mupirocin 2% ointment myorisan tretinoin (PA age) triderm zenatane	EUCRISA (ST)	ABSORICA ACZONE 7.5% GEL PUMP BRYHALI (ST) CAPEX SHAMPOO (ST) CLEOCIN T CLODERM (ST) EVOCLIN NAFTIN OPZELURA (PA) PRAMOSONE REGRANEX (PA, QL) SANTYL (QL) SOOLANTRA TACLONEX SUSPENSION TWYNEO XEPI
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SLEEP DISORDERS/SEDATIVES

doxepin (QL) eszopiclone zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	
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SUBSTANCE ABUSE

buprenorphine buprenorphine-naloxone naloxone (QL) naltrexone (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)
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URINARY TRACT CONDITIONS

finasteride oxybutynin 5 mg tablet, solution, tablet oxybutynin er potassium er tamsulosin tolterodine tolterodine er (QL)		FLOMAX PYRIDIUM UROCIT-K
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Cigna Healthcare Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 16-19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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.

		ABRYSVO+ ACTHIB+ ADACEL TDAP+ AFLURIA QUAD+ AREXVY+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA- TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+ FLUAD QUAD+ FLUARIX QUAD+ FLUBLOK QUAD+ FLUCELVAX QUAD+ FLULAVAL QUAD+ FLUMIST QUAD+ FLUZONE HIGH- DOSE QUAD+ FLUZONE QUAD+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+ MODERNA COVID VAC(EUA)+ MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID (EUA)+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES (cont.)

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

		NOVAVAX COVID-19 VACC,ADJ(EUA)+ PEDIARIX+ PEDVAXHIB+ PENBRAYA+ PENTACEL ACTHIB COMPONENT+ PENTACEL+ PFIZER COVID VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PRIORIX+ PROQUAD+ QUADRACEL DTAP- IPV+ RECOMBIVAX HB+ ROTARIX+ ROTATEQ+ SHINGRIX+ (QL) SPIKEVAX+ SPIKEVAX COVID (18Y UP) VACC+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+
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WEIGHT MANAGEMENT

megestrol		
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Specialty medications

Oral and injectable specialty medications are covered on Tier 4. Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

AIDS/HIV

APRETUDE**+ (PA)
BIKTARVY** (QL)
CABENUVA** (PA)
CIMDUO** (PA)
DESCOVY 200-25 MG TABLET**+ (PA)
DESCOVY 120-15 MG TABLET** (PA)
DOVATO** (QL)
emtricitabine-tenofovir 100-150 mg, 133-200 mg, 167-250 mg**
emtricitabine-tenofovir 200-300 mg**+
GENVOYA** (QL)
JULUCA** (QL)
nevirapine er** (PA)
nevirapine** (PA)
ODEFSEY** (PA, QL)
PREZISTA 100 MG/ML SUSPENSION**
PREZISTA 75 MG, 150 MG TABLET**
SYM TUZA** (QL)
tenofovir** (PA)
TRIUMEQ PD** (QL)
TRIUMEQ** (QL)

Anxiety/Depression/Bipolar Disorder

SPRAVATO** (PA)

Asthma/COPD/Respiratory

ADEMPAS** (PA)
ARALAST NP* (PA)
BRONCHITOL** (PA)
FASENRA PEN* (PA)
FASENRA* (PA)
GLASSIA* (PA)
NUCALA AUTO-INJECTOR, SYRINGE* (PA)

OFEV** (PA)
OPSUMIT** (PA)
ORENITRAM ER** (PA)
ORENITRAM TITRATION KIT** (PA, QL)
PROLASTIN C* (PA)
TEZSPIRE* (PA, QL)
TRACLEER 32 MG TABLET FOR SUSPENSION** (PA)
treprostinil* (PA)
TYVASO DPI** (PA)
UPTRAVI TABLET, TITRATION PACK** (PA)
XOLAIR 75 MG/0.5 ML, 150 MG/ML SYRINGE, POWDER VIAL* (PA)

Blood Modifiers/ Bleeding Disorders

ADVATE* (PA)
ADYNOVATE* (PA)
AFSTYLA* (PA)
ALTUVIIIIO* (PA)
ARANESP* (PA)
CYKLOKAPRON*
DOPTELET** (PA)
ELOCTATE* (PA)
EMPAVELI* (PA)
EPOGEN* (PA)
ESPEROCT* (PA)
FABHALTA** (PA, QL)
FULPHILA* (PA)
FYLNETRA* (PA)
GRANIX* (PA)
JIVI* (PA)
KOGENATE FS* (PA)
KOVALTRY* (PA)
MIRCERA* (PA)
NEULASTA ONPRO* (PA)
NEULASTA* (PA)

NEUPOGEN* (PA)
NIVESTYM*
NOVOEIGHT* (PA)
NUWIQ* (PA)
NYVEPRIA* (PA)
PROCRI* (PA)
PROMACTA** (PA)
RECOMBINATE* (PA)
RETACRI* (PA)
SOLIRIS* (PA)
STIMUFEND* (PA)
TAVALLISSE** (PA)
tranexamic acid**
tranexamic acid*
UDENYCA* (PA)
ULTOMIRIS* (PA)
XYNTHA SOLOFUSE* (PA)
XYNTHA* (PA)
ZARXIO*
ZIEXTENZO* (PA)

Blood Pressure/ Heart Conditions

CORLANOR 5 MG/5 ML ORAL SOLUTION** (PA)
ORLADEYO** (PA, QL)
RELEUKO* (PA)
TAKHZYRO* (PA)

Blood Thinners/ Anti-Clotting

FRAGMIN* (QL)

Cancer

AKEEGA** (PA, QL)
ALECENSA** (PA, QL)
BOSULIF** (PA, QL)
BRAFTOVI** (PA)

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

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4. Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Cancer (Cont.)

BRUKINSA** (PA, QL)
CABOMETYX** (PA)
CALQUENCE** (PA)
COMETRIQ** (PA, QL)
COTELLIC** (PA)
ELIGARD*
ERIVEDGE** (PA)
ERLEADA** (PA)
EXKIVITY** (PA)
GAVRETO** (PA, QL)
IBRANCE** (PA, QL)
IMBRUVICA** (PA, QL)
INLYTA** (PA)
JAKAFI** (PA, QL)
JAYPIRCA** (PA, QL)
KANJINTI* (PA)
KISQALI FEMARA CO-PACK** (PA, QL)
KISQALI** (PA, QL)
LENVIMA** (PA)
LORBRENA** (PA, QL)
LUMAKRAS** (PA, QL)
LYNPARZA** (PA, QL)
MEKINIST** (PA, QL)
MEKTOVI** (PA, QL)
MVASI* (PA)
NINLARO** (PA, QL)
NUBEQA** (PA)
ODOMZO** (PA)
OGIVRI* (PA)
ONTRUZANT* (PA)
ORGOVYX** (PA)
PHESGO* (PA)
PIQRAY** (PA)
RETEVMO** (PA, QL)

REVLIMID** (PA, QL)
RIABNI* (PA)
ROZLYTREK** (PA)
RUBRACA** (PA, QL)
RUXIENCE* (PA)
SPRYCEL** (PA, QL)
STIVARGA** (PA, QL)
TAFINLAR** (PA, QL)
TALZENNA** (PA, QL)
TASIGNA** (PA, QL)
TRAZIMERA* (PA)
VERZENIO** (PA, QL)
VITRAKVI** (PA)
VIZIMPRO** (PA)
XALKORI** (PA, QL)
XTANDI** (PA)
ZEJULA** (PA, QL)
ZELBORAF** (PA)
ZIRABEV* (PA)

Contraceptive Products

KYLEENA**+
LILETTA**+
MIRENA**+
NEXPLANON**+
PARAGARD T 380-A**+
SKYLA**+

Diuretics

JYNARQUE** (PA)

Eye Conditions

BYOOVIZ** (PA)
CIMERLI** (PA)
LUCENTIS** (PA)
XDEMVY** (PA, QL)

Gastrointestinal/Heartburn

OLPRUVA** (PA)
PHEBURANE** (PA, QL)
VOWST** (PA, QL)

Hormonal Agents

ACTHAR* (PA)
CETROTIDE**^ (PA)
CORTROPHIN* (PA)
desmopressin ampule, vial*
FENSOLVI* (PA)
fyremadel**^ (PA)
GENOTROPIN* (PA)
LANREOTIDE* (PA)
LUPRON DEPOT* (PA)
LUPRON DEPOT-PED* (PA)
OMNITROPE* (PA)
SANDOSTATIN LAR DEPOT* (PA)
SIGNIFOR LAR* (PA)
SKYTROFA* (PA)
SOMATULINE DEPOT* (PA)
SOMAVERT* (PA)
SUPPRELIN LA** (PA)
TRIPTODUR* (PA)

Infections

ARIKAYCE** (PA)
BARACLUDE SOLUTION**
DARAPRIM** (PA)
EPCLUSA** (PA, QL)
HARVONI** (PA, QL)
KITABIS PAK** (PA, QL)
NUZYRA** (PA, QL)
SOVALDI** (PA, QL)
TOBRAMYCIN PAK 300 MG/5 ML** (PA, QL)

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

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4. Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Infections (Cont.)

TOBI PODHALER** (PA, QL)
VEMLIDY**
ZEPATIER** (PA, QL)

Infertility

CHORIONIC GONADOTROPIN
10,000 UNIT VIAL*^ (PA)
FOLLISTIM AQ*^ (PA)
GONAL-F RFF REDI-JECT*^ (PA)
GONAL-F RFF*^ (PA)
GONAL-F*^ (PA)
NOVAREL*^ (PA)
OVIDREL*^ (PA)
PREGNYL*^ (PA)

Miscellaneous

AUSTEDO XR TITRATION KIT** (PA,
QL)
AUSTEDO XR** (PA, QL)
AUSTEDO** (PA)
CARBAGLU**
CERDELGA** (PA)
CEREZYME* (PA)
CINRYZE* (PA)
deferiprone** (PA)
DYSPORE* (PA)
ELFABRIO* (PA)
HAEGARDA* (PA)
INGREZZA INITIATION PACK** (PA,
QL)
INGREZZA** (PA)
NITYR** (PA)
ORFADIN** (PA)
RADICAVA ORS** (PA, QL)
RUCONEST* (PA)

STRENSIQ* (PA)
TEGSEDI* (PA)
TIGLUTIK** (PA)
VYVGART HYTRULO* (PA)

Multiple Sclerosis

AVONEX* (PA)
BAFIERTAM** (PA)
BETASERON* (PA)
BRIUMVI* (PA)
FIRDAPSE** (PA, QL)
glatopa*
KESIMPTA PEN* (PA)
MAVENCLAD** (PA)
MAYZENT** (PA)
OCREVUS* (PA)
PLEGRIDY* (PA)
PONVORY** (PA)
REBIF REBIDOSE* (PA)
REBIF* (PA)
TYSABRI* (PA)
VUMERITY** (PA)
ZEPOSIA** (PA)

Nutritional/Dietary

betaine anhydrous**
CYSTADANE**

Osteoporosis Products

ibandronate 3 mg/3 ml syringe,
vial*
PROLIA* (PA)

Pain Relief and Inflammatory Disease

ACTEMRA ACTPEN, SYRINGE* (PA,
QL)

ACTEMRA VIAL* (PA)
ADALIMUMAB-ADAZ(CF) PEN* (PA,
QL)
ADALIMUMAB-ADAZ(CF)* (PA, QL)
ADALIMUMAB-ADBM(CF)* (PA, QL)
ADALIMUMAB-ADBM(CF)PEN* (PA,
QL)
AVSOLA* (PA)
BIMZELX* (PA, QL)
CIMZIA* (PA, QL)
COSENTYX PEN INJECTOR, SY-
RINGE* (PA, QL)
CYLTEZO(CF) PEN* (PA, QL)
CYLTEZO(CF)* (PA, QL)
DUPIXENT* (PA)
DUROLANE* (PA)
ENBREL* (PA, QL)
EUFLEXXA* (PA)
GEL-ONE* (PA)
GELSYN-3* (PA)
GENVISC 850* (PA)
HADLIMA(CF)* (QL)
HADLIMA* (QL)
HUMIRA PEN* (PA, QL)
HUMIRA(CF) PEN* (PA, QL)
HUMIRA(CF)* (PA, QL)
HUMIRA* (PA, QL)
HYALGAN* (PA)
HYMOVIS* (PA)
HYRIMOZ(CF) PEN* (PA, QL)
HYRIMOZ(CF)* (PA, QL)
ILUMYA* (PA, QL)
INFLECTRA* (PA)
KEVZARA* (PA, QL)
MONOVISC* (PA)
OLUMIANT** (PA, QL)

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

Specialty medications (Cont.)

Oral and injectable specialty medications are covered on Tier 4. Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Pain Relief and Inflammatory Disease (Cont.)

OMVOH PEN* (PA, QL)
OMVOH VIAL* (PA)
ORENCIA CLICKJECT, SYRINGE* (PA, QL)
ORENCIA VIAL* (PA)
ORTHOVISC* (PA)
OTEZLA** (PA, QL)
RENFLEXIS* (PA)
RINVOQ** (PA, QL)
SILIQ* (PA, QL)
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE* (PA, QL)
SIMPONI ARIA* (PA)
SKYRIZI ON-BODY, PEN, SYRINGE* (PA, QL)
SKYRIZI VIAL* (PA)
SOTYKTU** (PA, QL)
STELARA* (PA, QL)
STELARA 130 MG/26 ML VIAL* (PA)
SUPARTZ FX* (PA)
SYNOJOYNT* (PA)
SYNVISC* (PA)
SYNVISC-ONE* (PA)
TALTZ AUTO-INJECTOR, SYRINGE* (PA, QL)
TREMFYA* (PA, QL)
TRILURON* (PA)
TRIVISC* (PA)
VISCO-3* (PA)
XELJANZ XR** (PA, QL)
XELJANZ** (PA, QL)

Parkinson's Disease

APOKYN* (PA)

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

Seizure Disorders

EPIDIOLEX** (PA)

Skin Conditions

ADBRY* (PA)
CIBINQO** (PA, QL)
LITFULO** (PA, QL)

Sleep Disorders/Sedatives

LUMRYZ** (PA, QL)
SODIUM OXYBATE** (PA, QL)
WAKIX** (PA, QL)
XYWAV** (PA, QL)

Substance Abuse

BRIXADI*
SUBLOCADE*

Transplant Medications

CELLCEPT CAPSULE, ORAL SUSPENSION, TABLET**
ENVARUSUS XR**
IMURAN**
LUPKYNIS** (PA, QL)
mycophenolate capsule, suspensions, tablet**
RAPAMUNE**
SIROLIMUS**
TACROLIMUS**

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

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 1st and July 1st.
- **Adding extra coverage requirements to a medication.**

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

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

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

- Prescription medications used to treat heartburn/stomach acid conditions (such as Nexium, Prilosec OTC and any generics) and allergies (such as Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- Medications used to treat lifestyle conditions such as infertility, erectile dysfunction and smoking cessation.³
- 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

Frequently Asked Questions (FAQs) (cont.)

approval before your plan will cover it. If it has a **(QL)** next to it, you may need approval depending on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

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.

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

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.⁴

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.⁵

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 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.

Frequently Asked Questions (FAQs) (cont.)

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁶

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 cost⁷
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁸
- 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 specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁹ 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 specialty-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 free 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:¹⁰

- 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,¹¹ 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 plan covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your ID card.
3. Smoking cessation medications are not typically covered under the plan, 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.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. 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).
6. 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.
7. Standard shipping costs are included as part of your prescription plan.
8. 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.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. 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.
11. **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.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).