



Cigna Healthcare Legacy (Standard) 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.

978706 c Legacy (Standard) 4-Tier 03/24 © 2024 Cigna Healthcare.





What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
Injectable specialty medications	21
Frequently Asked Questions (FAQs)	25
Exclusions and limitations for coverage	29

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 Legacy (Standard) 4-Tier Prescription Drug List (injectable 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 01/01/2016

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 Legacy (Standard) 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.

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 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone EUTHYROX fyremadel^ (PA) LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxy-progesterone methyl-prednisolone millipred MIMVEY norethindrone NP THYROID prednisone prednisone intensol	ANDRODERM (PA, QL) COMBIPATCH DUAVEE ESTROGEL ESTRING (QL) INTRAROSA MEDROL 2 MG TABLET MYFEMBREE (QL) ORIAHNN (PA, QL) ORLISSA (PA, QL) OSPHENA (QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CRINONE 4% (PA) CYTOMEL DEPO-TESTOSTERONE EVAMIST INTRAROSA (QL) ISTURISA* (PA, QL) MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) PROMETRIUM RAYALDEE teriparatide* 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

Medications are listed in alphabetical order within each column

Oral specialty medications have an asterisk (*) next to them; injectable specialty medications are covered on Tier 4 (pages 21-24)

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 Legacy (Standard) 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 –Injectable Specialty Medications*	(Highest-cost medication)	\$\$\$\$

* Oral specialty medications are covered on a lower tier (tiers 1-3).

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.

Oral specialty medications have an asterisk (*) next to them

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may need special handling (like refrigeration). Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, **injectable specialty medications** are covered on Tier 4 (see pages 21-24). **Oral specialty medications** are covered on a lower tier (tiers 1-3). They're listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

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

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

Some plans may cover certain non-covered medications

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

How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	14, 15
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	15
ALZHEIMER'S DISEASE	6	INFECTIONS	16
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	16
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	16, 17
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7, 8	MULTIPLE SCLEROSIS	17
BLOOD MODIFIERS/BLEEDING DISORDERS	8	NUTRITIONAL/DIETARY	17
BLOOD PRESSURE/HEART MEDICATIONS	8	OSTEOPOROSIS PRODUCTS	17
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	17, 18
CANCER	8, 9	PARKINSON'S DISEASE	18
CHOLESTEROL MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	18
CONTRACEPTION PRODUCTS	9-11	SEIZURE DISORDERS	18
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	18, 19
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	19
DIABETES	11-14	SMOKING CESSATION	19
DIURETICS	14	SUBSTANCE ABUSE	19
EAR MEDICATIONS	14	TRANSPLANT MEDICATIONS	19
ERECTILE DYSFUNCTION	14	URINARY TRACT CONDITIONS	19
EYE CONDITIONS	14	VACCINES	20
FEMININE PRODUCTS	14	WEIGHT MANAGEMENT	20

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AIDS/HIV		
emtricitabine-tenofovir* emtricitabine-tenofovir 200-300mg*+ nevirapine er* (PA) nevirapine* (PA) tenofovir* (PA)	BIKTARVY* (QL) DESCOVY 200-25 MG TABLET*+ (PA) DESCOVY 120-15 MG TABLET* (PA) DOVATO* (QL) GENVOYA* (QL) JULUCA* (QL) PREZISTA 100 MG/ML SUSPENSION* PREZISTA 75MG, 150MG TABLET* SYMITUZA* (QL) TRIUMEQ PD* (QL) TRIUMEQ* (QL)	APRETUDE*+ (PA) CIMDUO* (PA) ODEFSEY* (PA, QL) PREZISTA 600 MG TABLET* (PA) PREZISTA 800 MG TABLET* (PA) SYMFI LO* (PA, QL) SYMFI* (PA, QL) TRUVADA* (PA)

ALLERGY/NASAL SPRAYS		
azelastine 0.1% (137mcg) spray azelastine-fluticasone epinephrine (QL) fluticasone hydroxyzine capsule, syrup, tablet		AUVI-Q (PA, QL) BECONASE AQ (ST) DYMISTA (ST) EPIPEN (PA, QL) EPIPEN JR (PA, QL) GRASTEK (PA, QL) ODACTRA (PA, QL) OMNARIS (ST) ORALAIR (PA, QL) QNASL (ST) QNASL CHILDREN RAGWITEK (PA, QL) RYALTRIS (PA, QL) SYMJEPI (PA, QL) XHANCE (ST) ZETONNA (ST)

ALZHEIMER'S DISEASE		
donepezil donepezil odt memantine memantine er (QL) pyridostigmine pyridostigmine er	ADLARITY (PA, QL)	ARICEPT MESTINON (PA) NAMENDA NAMENDA XR (QL) NAMZARIC (QL)

ANXIETY/DEPRESSION/BIPOLAR DISORDER²		
bupropion (QL) bupropion sr 150mg (QL) bupropion xl 150mg, 300mg tablet (QL)	TRINTELLIX (QL)	ANAFRANIL (PA) APLENZIN (PA, QL) AUVELITY (PA, QL) BUPROPION XL 450 MG TABLET (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ANXIETY/DEPRESSION/BIPOLAR DISORDER² (cont.)		
bupirone citalopram 10 mg/5 ml solution (QL) citalopram tablet (QL) desvenlafaxine er (QL) duloxetine (QL) escitalopram (QL) fluoxetine (QL) fluoxetine dr (QL) sertraline 20 mg/ml oral concentrate (QL) sertraline tablet (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		CITALOPRAM HBR 30 MG CAPSULE (PA, QL) CYMBALTA (PA, QL) DRIZALMA SPRINKLE (QL, ST) EFFEXOR XR (PA, QL) EMSAM (QL) FETZIMA (QL, ST) FORFIVO XL (PA, QL) LEXAPRO (PA, QL) LOREEV XR (PA, QL) PAMELOR (PA) PEXEVA (PA, QL) PRISTIQ (PA, QL) PROZAC (PA, QL) SERTRALINE 150MG, 200MG CAPSULE (PA, QL) SPRAVATO* (PA) WELLBUTRIN SR (PA, QL) WELLBUTRIN XL (PA, QL) ZOLOFT (PA, QL)

ASTHMA/COPD/RESPIRATORY		
albuterol albuterol hfa 90 mcg inhaler (QL) breyana (QL) budesonide-formoterol (QL) fluticasone-salmeterol 100-50, 250-50, 500-50 (QL) montelukast wixela inhub (QL)	ADEMPAS* (PA) ADVAIR HFA (QL) ALVESCO ANORO ELLIPTA (QL) ASMANEX (QL) ASMANEX HFA (QL) ATROVENT HFA (QL) BREO ELLIPTA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) INCRUSE ELLIPTA OFEV* (PA) OPSUMIT* (PA) QVAR REDIHALER	ADVAIR DISKUS (QL, ST) AIRDUO DIGIHALER (QL, ST) AIRDUO RESPICLICK (QL, ST) AIRSUPRA (PA, QL) ARMONAIR DIGIHALER (ST) ARNUITY ELLIPTA (ST) BEVESPI AEROSPHERE (PA, QL) BRONCHITOL* (PA) DUAKLIR PRESSAIR (PA, QL) FLOVENT DISKUS (PA, QL)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

ASTHMA/COPD/RESPIRATORY (cont.)

	SPIRIVA HANDIHALER (QL)	FLOVENT DISKUS (PA, QL)
	SPIRIVA RESPIMAT (QL)	FLOVENT HFA (PA, QL)
	STIOLTO RESPIMAT (QL)	FLUTICASONE (PA, QL)
	STRIVERDI RESPIMAT (QL)	FLUTICASONE HFA (PA, QL)
	TRACLEER 32 MG TABLET FOR SUSPENSION* (PA)	FLUTICASONE- SALMETEROL 55- 14, 113-14, 232-14 (PA, QL)
	TRELEGY ELLIPTA (QL)	FLUTICASONE- VILANTEROL (PA, QL)
	UPTRAVI TABLET, TITRATION PACK* (PA)	LEVALBUTEROL HFA (PA, QL)
		LIQREV* (PA)
		ORENITRAM ER* (PA)
		ORENITRAM TITRATION KIT* (PA, QL)
		PERFOROMIST (PA, QL)
		PROAIR DIGIHALER (PA, QL)
		PROAIR HFA (PA, QL)
		PROAIR RESPICLICK (PA, QL)
		PROVENTIL HFA (PA, QL)
		PULMICORT FLEXHALER (PA)
		REVATIO SUSPENSION, TABLET* (PA)
		SEREVENT DISKUS (QL, ST)
		SINGULAIR
		SYMBICORT (QL, ST)
		TADLIQ* (PA)
		TUDORZA PRESSAIR (QL, ST)
		TYVASO DPI* (PA)

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

ASTHMA/COPD/RESPIRATORY (cont.)

		VENTOLIN HFA (PA, QL)
		XOPENEX HFA (PA, QL)
		YUPELRI (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

atomoxetine (QL)		ADDERALL (PA, ST)
dexmethylph- enidate (PA)		ADDERALL XR (PA, ST, QL)
dexmethylph- enidate er (PA, QL)		ADZENYS XR-ODT (PA, QL)
dextro- amphetamine- amphetamine (PA)		APTENSIO XR (PA, ST, QL)
dextro- amphetamine- amphetamine er (PA, QL)		AZSTARYS (PA, ST, QL)
guanfacine er		CONCERTA (PA, ST, QL)
methylphenidate (PA, QL)		COTEMPLA XR-ODT (PA, QL)
methylphenidate cd (PA, QL)		DAYTRANA (PA, QL)
methylphenidate er (cd) (PA, QL)		DYANAVEL XR (PA, QL)
methylphenidate er (la) (PA, QL)		EVEKEO ODT (PA)
methylphenidate er 10 mg capsule, tablet (PA, QL)		FOCALIN (PA, ST)
methylphenidate er 15 mg capsule (PA, QL)		FOCALIN XR (PA, ST, QL)
methylphenidate er 18 mg tablet (PA, QL)		INTUNIV (PA)
methylphenidate er 20 mg capsule, tablet (PA, QL)		JORNAY PM (PA, ST, QL)
methylphenidate er 27 mg tablet (PA, QL)		METHYLIN (PA)
methylphenidate er 30 mg capsule (PA, QL)		METHYLPHENIDATE ER 45 MG, 63 MG, 72 MG TABLET (PA, QL)
		MYDAYIS (PA, QL)
		QELBREE (PA, QL)
		QUILLICHEW ER (PA, QL)
		QUILLIVANT XR (PA, QL)
		RELEXII (PA, QL)
		RITALIN (PA, ST)
		RITALIN LA (PA, ST, QL)
		STRATTERA (PA, QL)
		VYVANSE (PA, QL)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER² (cont.)		
methylphenidate er 36 mg tablet (PA, QL)		XELSTRYM (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 MODIFIERS/BLEEDING DISORDERS		
tranexamic acid 650 mg tablet*		DOPTELET* (PA) FABHALTA* (PA, QL) PROMACTA* (PA) TAVALISSE* (PA) TAVNEOS* (PA, QL)

BLOOD PRESSURE/HEART MEDICATIONS		
amlodipine	CORLANOR 5	ASPRUZYO
amlodipine-valsartan	MG/5 ML ORAL SOLUTION* (PA)	SPRINKLE (PA, QL)
atenolol	ENTRESTO (QL)	AVAPRO (ST)
cartia xt	NORLIQVA (PA, QL)	BIDIL (QL)
carvedilol	TEKTURNA HCT	BYSTOLIC (PA, QL)
carvedilol er (QL)	VERQUVO (PA, QL)	CARDIZEM (PA)
clonidine		CARDIZEM CD (PA)
diltiazem tablet		CARDIZEM LA (QL)
diltiazem 12hr er		CONJUPRI (PA)
diltiazem 24hr er		COREG (PA)
diltiazem 24hr er (cd)		COREG CR (PA, QL)
diltiazem 24hr er (la) (QL)		COZAAR (ST)
diltiazem 24hr er (xr)		DIOVAN (ST)
dilt xr		DIOVAN HCT (ST)
flecainide		EDARBI (PA, QL)
irbesartan		EDARBYCLOR (PA)
labetalol tablet		EXFORGE (PA)
lisinopril		HEMANGEOL (PA)
lisinopril-hctz		HYZAAR (ST)
losartan		INDERAL LA (PA)
losartan-hctz		KAPSPARGO
		SPRINKLE (PA)
		LODOCO (PA)
		LOPRESSOR (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
matzim la		MICARDIS (QL, ST)
metoprolol tablet		MULTAQ (PA)
metoprolol er		NITROSTAT
olmesartan (QL)		NORVASC
olmesartan-amlodipine-hctz		ORLADEYO* (PA, QL)
olmesartan-hctz (QL)		TEKTURNA (PA, QL)
propranolol solution, tablet		TENORETIC 100 (PA)
propranolol er taztia xt		TENORETIC 50 (PA)
telmisartan (QL)		TENORMIN (PA)
tiadylt er		TIAZAC
valsartan tablet		TOPROL XL (PA)
valsartan-hctz		VALSARTAN 4 MG/ML SOLUTION (ST)
		ZESTORETIC (ST)
		ZESTRIL (ST)

BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel	BRILINTA ELIQUIS (PA) FRAGMIN* (QL) XARELTO (PA)	PRADAXA CAPSULE (PA) PRADAXA PELLETT PACK* (PA, QL) SAVAYSA (PA, QL) ZONTIVITY

CANCER		
anastrozole+	ALECENSA* (PA, QL)	AKEEGA* (PA, QL)
exemestane+	ALUNBRIG* (PA, QL)	ALUNBRIG* (PA, QL)
methotrexate	BRUKINSA* (PA, QL)	ARIMIDEX
tamoxifen+	CABOMETYX* (PA)	AROMASIN
	CALQUENCE* (PA)	BOSULIF* (PA, QL)
	COTELLIC* (PA)	BRAFTOVI* (PA)
	ERIVEDGE* (PA)	COMETRIQ* (PA, QL)
	ERLEADA* (PA)	EXKIVITY* (PA)
	IMBRUVICA* (PA, QL)	GAVRETO* (PA, QL)
	KISQALI FEMARA CO-PACK* (PA, QL)	IBRANCE* (PA, QL)
	KISQALI* (PA, QL)	INLYTA* (PA)
	LENVIMA* (PA)	JAKAFI* (PA, QL)
	LYNPARZA* (PA, QL)	JAYPIRCA* (PA, QL)
	NUBEQA* (PA)	LORBRENA* (PA, QL)
	REVLIMID* (PA, QL)	LUMAKRAS* (PA, QL)
	RUBRACA* (PA, QL)	MEKINIST* (PA, QL)
	SPRYCEL* (PA, QL)	MEKTOVI* (PA, QL)
	VERZENIO* (PA, QL)	NEXAVAR* (PA, QL)
	XTANDI* (PA)	NINLARO* (PA, QL)
	ZEJULA* (PA, QL)	ODOMZO* (PA)
	ZELBORAF* (PA)	ORGOVYX* (PA)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER (cont.)			CONTRACEPTION PRODUCTS (cont.)		
		PIQRAY* (PA) RETEVMO* (PA, QL) ROZLYTREK* (PA) SCEMBLIX* (PA, QL) STIVARGA* (PA, QL) TAFINLAR* (PA, QL) TALZENNA* (PA, QL) TASIGNA* (PA, QL) VITRAKVI* (PA) VIZIMPRO* (PA) XALKORI* (PA, QL) YONSA* (PA)	aubra+ aurovela 24 fe+ aurovela fe+ aurovela+ aviane+ ayuna+ azurette+ balziva+ blisovi 24 fe+ blisovi fe+ briellyn+ camila+ camrese lo+ camrese+ CAYA CONTOURED+ caziant+ charlotte 24 fe+ chateal eq+ chateal+ cryselle+ cyred eq+ cyred+ dasetta+ daysee+ deblitane+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol ethinyl estradiol+ dolishale+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ elinest+ eluryng+ enilloring+ enpresse+ enskyce+ errin+ estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel-ethinyl estradiol+ falmina+	MIRENA*+ NATAZIA NEXTSTELLIS NUVARING PARAGARD T 380- A*+ PHEXXI+ (PA) SAFYRAL SKYLA*+ SLYND TAYTULLA TWIRLA+ TYBLUME YASMIN 28 YAZ	
CHOLESTEROL MEDICATIONS					
atorvastatin 40mg, 80mg atorvastatin 10mg, 20mg+ ezetimibe FENOFIBRATE fluvastatin er+ fluvastatin+ icosapent ethyl lovastatin 20 mg, 40mg+ lovastatin 10 mg 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, 40mg+ (QL)	NEXLETOL (PA, QL) NEXLIZET (PA, QL) REPATHA (PA) VASCEPA (PA)	ATORVALIQ (ST) CADUET (QL) CRESTOR (PA, QL) EZALLOR SPRINKLE (QL, ST) FENOGLIDE (PA) LIPITOR (PA) LIPOFEN (ST) LIVALO (PA, QL) PRALUENT PEN (PA) TRICOR (ST) ZETIA ZOCOR (PA) ZYPITAMAG (ST)			
CONTRACEPTION PRODUCTS					
afirmelle+ altavera+ alyacen+ amethia+ amethyst+ apri+ aranelle+ ashlyna+ aubra eq+	LO LOESTRIN FE NEXPLANON*+	ANNOVERA BALCOLTRA BEYAZ ELLA+ KYLEENA*+ layolis fe+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE			

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

CONTRACEPTION PRODUCTS (cont.)

FEMCAP+		
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+		
larin+		
leena+		
lessina+		
levonest+		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol-fe bisglycinate+		
levora-28+		
lojaimiess+		
loryna+		
low-ogestrel+		
lo-zumandimine+		
lutra+		
lyleq+		
lyza+		
marlissa+		

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

CONTRACEPTION PRODUCTS (cont.)

medroxy- progesterone+		
merzee+		
mibelas 24 fe+		
microgestin 24 fe+		
microgestin fe+		
microgestin+		
mili+		
mono-lynyah+		
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+		
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+		

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

CONTRACEPTION PRODUCTS (cont.)

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+		
WIDE SEAL DIAPHRAGM+		
wymzya fe+		
xulane+		
zafemy+		
zarah+		
zovia 1-35+		
zumandimine+		

COUGH/COLD MEDICATIONS

benzonatate (PA)		TUZISTRA XR (PA, QL)
brompheniramine- pseudoephedrine- dm		
hydrocodone- chlorpheniramine er (PA)		
promethazine-dm		

DENTAL PRODUCTS

chlorhexidine doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1%	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA 0.25 MG/ ML DROPS+^
---	-------------------------	--

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

DENTAL PRODUCTS (cont.)

oralone		FLUORIDEX SENSITIVITY RELIEF
periogard		JUST RIGHT 5000
triamcinolone		PERIDEX PREVIDENT 1.1% GEL PREVIDENT 5000

DIABETES

1ST TIER UNIFINE PENTIPS (PA)	ACCU-CHEK AVIVA PLUS	ADMELOG (PA, QL) ADMELOG
ABOUTTIME PEN NEEDLE (PA)	ACCU-CHEK TEST STRIPS	SOLOSTAR (PA, QL) ADVANCED
ACCU-CHEK ACCU-CHEK CONTROL SOLUTION	ACCUTREND GLUCOSE TEST STRIPS	GLUCOSE TEST STRIPS
ACCU-CHEK FASTCLIX LANCING DEVICE	BAQSIMI (QL) BASAGLAR	ADVOCATE REDI- CODE+ TEST STRIPS
ADVOCATE PEN NEEDLES (PA)	BASAGLAR KWIKPEN U-100 (QL)	ADVOCATE TEST STRIPS
ADVOCATE SYRINGE	BASAGLAR TEMPO PEN U-100 (QL)	AFREZZA (PA, QL)
ALOGLIPTIN (PA, QL)	BYDUREON BCISE (PA, QL)	AGAMATRIX AMP TEST STRIPS
ALOGLIPTIN- METFORMIN (PA, QL)	BYETTA (PA, QL)	APIDRA (PA, QL) APIDRA SOLOSTAR (PA, QL)
ASSURE ID INSULIN SAFETY	CEQUR SIMPLICITY INSERTER	ASSURE 4 TEST STRIPS
ASSURE ID PEN NEEDLE (PA)	DEXCOM G6 RECEIVER, SENSOR, TRANSMITTER (PA, QL)	ASSURE PLATINUM TEST STRIPS
AUTOSHIELD DUO PEN NEEDLE	DEXCOM G7 RECEIVER, SENSOR (PA, QL)	ASSURE PRISM MULTI TEST STRIPS
BD ECLIPSE 30GX1/2" SYRINGE	FARXIGA (QL, ST)	BLOOD GLUCOSE TEST STRIPS
BD INSULIN PEN NEEDLE, SYRINGE	FREESTYLE LIBRE 14 DAY READER, SENSOR (PA, QL)	BRENZAVVY (PA, QL)
BD LUER-LOK SYRINGE 1 ML	FREESTYLE LIBRE 2 READER, SENSOR (PA, QL)	CARESENS N TEST STRIPS
CAREFINE PEN NEEDLE (PA)	FREESTYLE LIBRE 3 SENSOR (PA, QL)	CARETOUCH TEST STRIPS
CARETOUCH INSULIN SYRINGE	GLUCAGEN DIAG- NOSTIC VIAL	CLEVER CHOICE PRO TEST STRIPS
CARETOUCH PEN NEEDLE (PA)	GLUCAGEN HYPOKIT (QL)	CLEVER CHOICE TALK TEST STRIPS
CLICKFINE (PA)	GLYXAMBI (QL, ST)	CLEVER CHOICE TEST STRIPS
COMFORT EZ INSULIN SYRINGE		CONTOUR TEST STRIPS
COMFORT TOUCH PEN NEEDLE (PA)		COOL GLUCOSE TEST STRIPS

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)			DIABETES (cont.)		
DROPLET GENTEEL LANCING DEVICE	HUMALOG 100 UNIT/ML CARTRIDGE (QL)	CYCLOSET DIATRUE PLUS TEST STRIPS	INPEN (FOR HUMALOG)	NOVOLIN 70-30 FLEXPEN (QL)	FREESTYLE TEST STRIPS
DROPLET INSULIN SYRINGE	HUMALOG 100 UNIT/ML VIAL (QL)	EASY PLUS II TEST STRIPS	INPEN (FOR NOVOLOG OR FIASP)	NOVOLIN N (QL)	GE100 BLOOD GLUCOSE TEST STRIPS
DROPLET MICRON PEN NEEDLE (PA)	HUMALOG JUNIOR KWIKPEN (QL)	EASY STEP TEST STRIPS	INSULIN PEN NEEDLE (PA)	NOVOLIN R (QL)	GLUCAGON EMERGENCY KIT (QL)
DROPLET PEN NEEDLE (PA)	HUMALOG KWIKPEN (QL)	EASY TALK TEST STRIPS	INSULIN SYRINGE	NOVOLIN R FLEXPEN (QL)	GLUCO NAVII TEST STRIPS
DROPSAFE PEN NEEDLE (PA)	HUMALOG MIX 50-50 (QL)	EASY TALK PLUS II TEST STRIPS	INSUPEN (PA)	OMNIPOD 5 G6 INTRO KIT (GEN 5) (QL)	GLUCOCARD 01 SENSOR PLUS STRIPS
EASY COMFORT INSULIN SYRINGE	HUMALOG MIX 50-50 KWIKPEN (QL)	EASY TOUCH TEST STRIPS	INSUPEN PEN NEEDLE (PA)	OMNIPOD 5 G6 PODS (GEN 5) (QL)	GLUCOCARD TEST STRIPS
EASY COMFORT PEN NEEDLE (PA)	HUMALOG MIX 75-25 (QL)	EASY TRAK TEST STRIPS	LITE TOUCH (PA)	OMNIPOD CLASSIC PDM KIT(GEN 3) (QL)	GLUCOCOM GLUCOSE TEST STRIPS
EASY GLIDE INSULIN SYRINGE	HUMALOG MIX 75-25 KWIKPEN (QL)	EASY TRAK II TEST STRIPS	LITETOUCH INSULIN SYRINGE	OMNIPOD CLASSIC PODS (GEN 3) (QL)	GOJJI BLOOD GLUCOSE TEST STRIPS
EASY GLIDE PEN NEEDLE (PA)	HUMALOG TEMPO PEN U-100 (QL)	EASYGLUCO TEST STRIPS	MAGELLAN INSULIN SYRINGE	OMNIPOD DASH INTRO KIT (GEN 4) (QL)	GVOKE (QL)
EASY TOUCH INSULIN SAFETY	HUMULIN 70/30 KWIKPEN (QL)	EASYMAX TEST STRIPS	MAXI-COMFORT MAXICOMFORT II PEN NEEDLE (PA)	OMNIPOD DASH PODS (GEN 4) (QL)	HEALTHPRO GLUCOSE TEST STRIPS
EASY TOUCH FLIPLOCK INSULIN	HUMULIN 70-30 (QL)	EASYMAX 15 TEST STRIPS	MAXICOMFORT INSULIN SYRINGE	OMNIPOD GO PODS (QL)	IGLUCOSE TEST STRIPS
EASY TOUCH INSULIN SYRINGE	HUMULIN N (QL)	ELEMENT COMPACT TEST STRIPS	metformin 500 mg/5 ml solution	ONETOUCH ULTRA TEST STRIPS	INFINITY TEST STRIPS
EASY TOUCH LUER LOCK INSULIN	HUMULIN N KWIKPEN (QL)	ELEMENT TEST STRIPS	metformin 500mg, 850mg, 1,000mg tablet	ONETOUCH VERIO TEST STRIPS	INPEFA (PA, QL)
EASY TOUCH PEN NEEDLE (PA)	HUMULIN R (QL)	EMBRACE TEST STRIPS	metformin 500mg/5ml, 850mg/8.5ml cup	OZEMPIC (PA, QL)	INSULIN ASPART (PA, QL)
EASY TOUCH SHEATHLOCK INSULIN	HUMULIN R U-500 KWIKPEN (QL)	EMBRACE EVO TEST STRIPS	metformin er	REZVOGLAR KWIKPEN (QL)	INSULIN DEGLUDEC (PA, QL)
EASY TOUCH UNI-SLIP SYRINGE 1 ML	INSULIN LISPRO JUNIOR KWIKPEN (QL)	EMBRACE PRO TEST STRIPS	metformin er gastric (PA)	RYBELSUS (PA, QL)	INSULIN GLARGINE (PA, QL)
EASY-TOUCH INSULIN SYRINGE	INSULIN LISPRO KWIKPEN (QL)	EMBRACE TALK TEST STRIPS	metformin er osmotic (PA)	SOLIQUA 100-33 SYMLINPEN	INSULIN GLARGINE SOLOSTAR (PA, QL)
FREESTYLE PRECISION	INSULIN LISPRO PROTAMINE MIX (QL)	EVOLUTION TEST STRIPS	MICROLET 2	SYNJARDY (QL, ST)	INSULIN GLARGINE-YFGN (PA, QL)
GUARDIAN RT CHARGER	JANUMET (QL, ST)	FIASP (PA, QL)	MICROLET NEXT LANCING DEVICE	SYNJARDY XR (QL, ST)	INVOKAMET (PA, QL)
GUARDIAN TEST PLUG	JANUMET XR (QL, ST)	FIFTY50 TEST STRIPS	MINI PEN NEEDLE (PA)	TRESIBA (QL)	INVOKAMET XR (PA, QL)
HEALTHWISE INSULIN SYRINGE	JANUVIA (QL, ST)	FORA 6 CONNECT GLUCOSE STRIPS	MINI ULTRA-THIN II (PA)	TRIJARDY XR (QL, ST)	INVOKANA (PA, QL)
HEALTHWISE PEN NEEDLE (PA)	JARDIANCE (QL, ST)	FORA TEST STRIPS	MONOJECT INSULIN SYRINGE	ZEGALOGUE AUTO-INJECTOR (QL)	JENTADUETO (PA, QL)
HEALTHY ACCENTS UNIFINE PENTIP (PA)	LYUMJEV (QL)	FORACARE TEST STRIPS	NANO 2 GEN PEN NEEDLE	ZEGALOGUE SYRINGE (QL)	JENTADUETO XR (PA, QL)
INCONTROL PEN NEEDLE (PA)	LYUMJEV TEMPO PEN U-100 (QL)	FORTISCARE GLUCOSE TEST STRIPS	NOVOFINE 32 (PA)		KAZANO (PA, QL)
	MOUNJARO (PA, QL)	FREESTYLE INSULINX TEST STRIPS	NOVOFINE AUTOCOVER (PA)		LANTUS (PA, QL)
	NOVOLIN 70-30 (QL)		NOVOFINE PLUS (PA)		
			NOVOTWIST (PA)		

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)			DIABETES (cont.)		
PARADIGM PEN NEEDLES (PA) PENTIPS (PA) PIP PEN NEEDLE (PA) PREVENT DROPSAFE PEN NEEDLE (PA) PRO COMFORT INSULIN SYRINGE PRO COMFORT PEN NEEDLE (PA) PRODIGY INSULIN SYRINGE PURE COMFORT PEN NEEDLE (PA) RAYA SURE PEN NEEDLE (PA) SAFESNAP INSULIN SYRINGE SAFETY PEN NEEDLE (PA) SAFETYGLIDE INSULIN SYRINGE SECURESAFE PEN NEEDLE (PA) SKY SAFETY PEN NEEDLE (PA) SURE COMFORT (PA) SURE COMFORT INSULIN SYRINGE SURE COMFORT (PA) SURE-FINE PEN NEEDLES (PA) SURE-JECT INSULIN SYRINGE TECHLITE INSULIN SYRINGE TECHLITE PEN NEEDLE (PA) TERUMO INSULIN SYRINGE THINPRO INSULIN SYRINGE TOPCARE CLICKFINE (PA) TOPCARE ULTRA COMFORT TRUE COMFORT INSULIN SYRINGE		LANTUS SOLOSTAR (PA, QL) LEVEMIR (PA, QL) METFORMIN 625 MG TABLET (PA) MICRO MICRODOT GLUCOSE SYSTEM, TEST STRIPS MICRODOT XTRA MYGLUCOHEALTH TEST STRIPS NESINA (PA, QL) NEUTEK 2TEK TEST STRIPS NOVA MAX GLUCOSE TEST STRIPS NOVOLOG (PA, QL) NOVOLOG FLEXPEN (PA, QL) NOVOLOG MIX 70- 30 (PA, QL) NOVOLOG MIX 70-30 FLEXPEN (PA, QL) NOVOLOG PENFILL (PA, QL) OPTIUM EZ OSENI (PA, QL) PHARMACIST CHOICE TEST STRIPS PRECISION XTRA KETONE-GLUCOSE KIT, TEST STRIPS PREMIER TEST STRIPS PREMIUM BLOOD GLUCOSE TEST STRIPS PREMIUM V10 TEST STRIPS PRO VOICE V8-V9 TEST STRIPS PRODIGY NO CODING QTERN (QL, ST)	TRUE COMFORT PEN NEEDLE (PA) TRUEPLUS INSULIN SYRINGE TRUEPLUS PEN NEEDLE (PA) ULTICARE INSULIN SYRINGE ULTICARE PEN NEEDLE (PA) ULTILET INSULIN SYRINGE ULTILET PEN NEEDLE (PA) ULTRA COMFORT ULTRA FLO INSULIN SYRINGE ULTRA FLO PEN NEEDLE (PA) ULTRA THIN (PA) ULTRACARE INSULIN SYRINGE ULTRACARE PEN NEEDLE (PA) ULTRA-FINE PEN NEEDLE ULTRA-THIN II (PA) UNIFINE PEN NEEDLE (PA) UNIFINE PENTIPS (PA) UNIFINE SAFECONTROL (PA) VANISHPOINT INSULIN SYRINGE VEO INSULIN SYRINGE		QUINTET TEST STRIPS QUINTET AC TEST STRIPS REFUAH PLUS TEST STRIPS RELION CONFIRM- MICRO RELION PRIME TEST STRIPS RIGHTEST TEST STRIPS SEGLUOMET (PA, QL) SEMGLEE (YFGN) (PA, QL) SEMGLEE (YFGN) PEN (PA, QL) SMART SENSE TEST STRIPS SMARTEST TEST STRIPS SOLUS V2 TEST STRIPS STEGLATRO (PA, QL) STEGLUJAN (QL, ST) TEST N'GO TEST STRIPS TEST STRIPS TOUJEO MAX SOLOSTAR (PA, QL) TOUJEO SOLOSTAR (PA, QL) TRADJENTA (PA, QL) TRUE METRIX GLUCOSE TEST STRIPS TRUETEST TEST STRIPS TRUETRACK TEST STRIPS ULTIGUARD SAFEPACK SYRINGE RELION ULTIMA TEST STRIPS UNISTRIP1

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

DIABETES (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		VICTOZA (PA, QL) VIVAGUARD INO TEST STRIPS WAVESENSE JAZZ WAVESENSE PRESTO TEST STRIPS XULTOPHY 100-3.6 (PA)

DIURETICS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
chlorthalidone eprenenone furosemide solution, tablet hydro- chlorothiazide spironolactone triamterene-hctz	CAROSPIR SUSP (PA) KERENDIA (PA, QL)	ALDACTONE (PA) FUROSCIX (PA, QL) INSPIRA (PA) JYNARQUE* (PA) MAXZIDE SOANZ (PA)

EAR MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ciprofloxacin- dexamethasone neomycin- polymyxin-hc ofloxacin	CIPRO HC	CETRAXAL (PA) CIPRODEX (PA) CIPROFLOXACIN- FLUOCINOLONE OTOVEL

ERECTILE DYSFUNCTION

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
sildenafil^ (QL) tadalafil^ (QL)	MUSE^ (PA age, QL)	CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)

EYE CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
cyclosporine dorzolamide- timolol erythromycin latanoprost ofloxacin polymyxin b-trimethoprim tobramycin travoprost	AZASITE BESIVANCE BETOPTIC S BROMSITE CEQUA EYSUVIS (QL) FLAREX INVELTYS LOTEMAX 0.5% EYE OINTMENT LOTEMAX SM SIMBRINZA TOBRADEX EYE OINTMENT TOBRADEX ST XDEMYV* (PA, QL) XIIDRA	ACUVAIL ALOCRIL (PA) ALPHAGAN P (PA) ALREX BETIMOL (PA) COMBIGAN (PA) COSOPT (PA) COSOPT PF (PA) FML FORTE (PA) ILEVRO ISTALOL (PA) IYUZEH (PA, QL) LOTEMAX 0.5% EYE DROPS (PA) LOTEMAX 0.5% OPHTHALMIC GEL (PA)

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

EYE CONDITIONS (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	ZERVIAE	LUMIGAN (PA) MAXIDEX (PA) MIEBO (PA, QL) NEVANAC (PA) OCUFLOX (PA) PRED MILD (PA) PROLENSA RESTASIS (PA) RESTASIS MULTIDOSE (PA) RHOPRESSA ROCKLATAN TIMOPTIC OCUDOSE (PA) TRAVATAN Z (PA) TYRVAYA (PA, QL) VERKAZIA (PA, QL) VEVYE (PA) VYZULTA (PA) XALATAN (PA) XELPROS (PA) ZIOPTAN (PA, QL) ZIRGAN ZYLET

FEMININE PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GYNAZOLE 1 miconazole 3 200 mg suppository terconazole		

GASTROINTESTINAL/HEARTBURN

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
dicyclomine capsule, solution, tablet esomeprazole capsule, packet (QL) famotidine suspension, 20 mg, 40 mg tablet gavilyte-c+ gavilyte-g+ gavilyte-n+ glycopyrrolate solution, tablet (PA) lubiprostone mesalamine mesalamine dr	CLENPIQ+ LINZESS LITHOSTAT NEXIUM DR 2.5MG, 5MG PACKET (QL) PANCREAZE PHEBURANE* (PA, QL) SUFLAVE+ SUTAB+ TRULANCE VIBERZI	AMITIZA (PA) ANZEMET (PA) APRISO (ST) ASACOL HD (ST) BONJESTA CARAFATE CORTIFOAM (PA) CREON (PA) CUVPOSA DELZICOL (ST) DICLEGIS GOLYTELY+ (PA) IBSRELA (PA, QL) KRISTALOSE (PA) LIALDA (ST) MOTEGRITY (PA) MOTOFEN

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

GASTROINTESTINAL/HEARTBURN

mesalamine er		MOVANTIK (PA)
metoclopramide		MOVIPREP+ (PA)
omeprazole capsule (QL)		NEXIUM DR 10 MG PACKET (PA, QL)
ondansetron		NEXIUM DR 20 MG CAPSULE, PACKET (PA, QL)
ondansetron odt		NEXIUM DR 40 MG CAPSULE, PACKET (PA, QL)
pantoprazole packet, tablet (QL)		NEXIUM DR 40 MG CAPSULE, PACKET (PA, QL)
peg 3350-electrolyte+		NULYTELY+ (PA)
peg-3350 and electrolytes+		OLPRUVA* (PA)
peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid+		OMECLAMOX-PAK (PA)
peg-prep+ sodium sulfate-potassium sulfate-magnesium sulfate+		OSMOPREP+ (PA)
		PENTASA (ST)
		PEPCID (PA)
		PERTZYE (PA)
		PLENVU+ (PA)
		PROTONIX SUSPENSION, TABLET (QL, ST)
		PYLERA (PA)
		RECTIV
		RELISTOR (PA)
		ROBINUL (PA)
		ROBINUL FORTE (PA)
		SANCUSO (PA, QL)
		SFROWASA
		SUPREP+ (PA)
		SYMPROIC (PA)
		TALICIA (PA)
		UCERIS (PA, QL)
		VARUBI (PA, QL)
		VIOKACE
		VOQUEZNA DUAL PAK (PA)
		VOQUEZNA TRIPLE PAK (PA)
		VOWST* (PA, QL)
		ZELNORM (PA)
		ZENPEP (PA)

HORMONAL AGENTS

desmopressin solution, spray, tablet	ANDRODERM (PA, QL)	ACTIVELLA
desmopressin ampule, vial*	CETROTIDE*^ (PA)	ANDROGEL (PA, QL)
	COMBIPATCH	ANGELIQ
	DUAVEE	ARMOUR THYROID (PA)

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

HORMONAL AGENTS (cont.)

dotti (QL)	ESTRING (QL)	BIJUVA
estradiol (once weekly)	ESTROGEL	CLIMARA (PA)
estradiol (QL)	MYFEMBREE (PA, QL)	CLIMARA PRO (PA)
estradiol (twice weekly) (QL)	ORIAHNN (PA, QL)	CRINONE (PA)
euthyrox	ORILISSA (PA, QL)	CYTOMEL
fyremadel*^ (PA)	PREMARIN	DDAVP TABLET (PA)
levo-t	PREMPHASE	DDAVP AMPULE, VIAL* (PA)
levothyroxine tablet	PREMPRO	DEPO-TESTOSTERONE
levoxyl		DIVIGEL (PA)
liothyronine tablet		ELESTRIN (PA)
lyllana (QL)		ERMEZA (PA)
methyl-prednisolone dosepack, tablet		ESTRACE (PA)
np thyroid		EVAMIST
prednisone		FEMRING (PA)
prednisone intensol		FORTESTA (PA, QL)
progesterone capsule		FORTESTA (PA, QL)
testosterone (PA, QL)		HEMADY
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml		IMVEXXY (PA, QL)
yuvafem (QL)		INTRAROSA (QL)
		JATENZO (PA, QL)
		KYZATREX (PA, QL)
		LEVOTHYROXINE CAPSULE
		MEDROL
		MENOSTAR (QL)
		MINIVELLE (PA, QL)
		MYCAPSSA* (PA, QL)
		NATESTO (PA, QL)
		NOCDURNA (PA)
		OSPHENA (QL)
		PROMETRIUM (PA)
		RAYALDEE
		RAYOS (PA)
		SYNTHROID (PA)
		TESTIM (PA, QL)
		THYQUIDITY (PA)
		TIROSINT
		TIROSINT-SOL
		TLANDO (PA, QL)
		UCERIS (PA, QL)
		unithroid
		VAGIFEM (PA, QL)
		VIVELLE-DOT (PA, QL)
		VOGELXO (PA, QL)
		XYOSTED (PA, QL)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate amoxicillin-clavulanate er azithromycin packet, suspension, tablet cefdinir cephalexin doxycycline hyclate capsule, tablet (PA) EMVERM erythromycin fluconazole suspension, tablet hydroxy-chloroquine metronidazole tablet, vaginal gel nitrofurantoin oseltamivir (QL) posaconazole suspension, tablet praziquantel sulfamethoxazole suspension, tablet valacyclovir vandazole	BARACLUDE SOLUTION* e.e.s. 400 EPCLUSA* (PA, QL) HARVONI* (PA, QL) LAGEVRIO (EUA) (QL) PAXLOVID (EUA) (QL) PAXLOVID (QL) SOLOSEC SOVALDI* (PA, QL) TOBI PODHALER* (PA, QL) VEMLIDY* VOSEVI* (PA, QL) XIFAXAN (QL)	ACTICLATE (ST) AEMCOLO (QL) ARAKODA (PA) ARIKAYCE* (PA) BAXDELA 450 MG TABLET (PA) BETHKIS* (PA, QL) BEYFORTUS+ BILTRICIDE BREXAFEMME (PA) CLINDESSE DARAPRIM* (PA) DIFICID (QL) DIFLUCAN (PA) DORYX (PA) DORYX MPC (PA) E.E.S. 200 (PA) ERYPED 200 ERYPED 400 (PA) KITABIS PAK* (PA, QL) LEDIPASVIR-SOFOSBUVIR* (PA, QL) LYMEPAK (PA) MACROBID MACRODANTIN MAVYRET* (PA, QL) MINOLIRA ER (ST) NOXAFIL SUSPENSION, TABLET (PA) NUZYRA 150 MG TABLET* (PA, QL) ORACEA (PA) PLAQUENIL (PA) SEYSARA (PA) SIVEXTRO 200 MG TABLET (PA) SOFOSBUVIR-VELPATASVIR* (PA, QL) sulfatrim TAMIFLU (QL) TARGADOX (PA) TOLSURA VALTREX VIBRAMYCIN (PA) VIVJOA (PA) XACIATO (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont.)		
		XENLETA TABLET (PA, QL) XOFLUZA (QL) ZEPATIER* (PA, QL) ZITHROMAX PACKET, SUSPENSION, TABLET ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)
INFERTILITY		
	CRINONE^ ENDOMETRIN^ GONAL-F RFF REDIRECT*^ (PA) GONAL-F RFF*^ (PA) GONAL-F*^ (PA) NOVAREL*^ (PA) OVIDREL*^ (PA) PREGNYL*^ (PA)	CHORIONIC GONADOTROPIN 10,000 UNIT VIAL*^ (PA) FOLLISTIM AQ*^ (PA)
MISCELLANEOUS		
ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX deferiprone* (PA) DROPLET LANCETS KETONE TEST STRIPS KETOSTIX REAGENT MICROLET ONETOUCH LANCETS POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA sodium chloride SOFT TOUCH LANCETS TRUEPLUS KETONE TEST STRIPS	ACE AEROSOL CLOUD ENHANCER (QL) AEROCHAMBER (QL) AEROCHAMBER MV (QL) AEROCHAMBER PLUS FLOW-VU (QL) AEROCHAMBER Z-STAT PLUS (QL) AEROTRACH PLUS (QL) AEROVENT PLUS (QL) BREATHRITE (QL) CERDELGA* (PA) CLEVER CHOICE HOLDING CHAMBER (QL) COMPACT SPACE CHAMBER (QL)	ADDYI^ (PA, QL) AUSTEDO XR TITRATION KIT* (PA, QL) AUSTEDO XR* (PA, QL) AUSTEDO* (PA) CARBAGLU* EXSERVAN* (PA) HORIZANT (PA) INGREZZA INITIATION PACK* (PA, QL) INGREZZA* (PA) KUVAN* (PA) NUDEXTA (QL) ORFADIN* (PA) RADICAVA ORS* (PA, QL) TIGLUTIK* (PA) VEOZAH (QL) VYLEESI*^ (PA, QL)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

MISCELLANEOUS (cont.)

	EASIVENT (QL) FLEXICHAMBER (QL) MICROCHAMBER (QL) MICROSPACER (QL) NITYR* (PA) OPTICHAMBER DIAMOND (QL) POCKET CHAMBER (QL) PROCARE SPACER WITH CHILD MASK (QL) RITEFLO (QL) SPACE CHAMBER (QL) SPACE CHAMBER-MEDIUM MASK (QL) VORTEX (QL) VORTEX VHC FROG MASK (QL)	
--	--	--

MULTIPLE SCLEROSIS

	BAFIERTAM* (PA) MAYZENT* (PA) PONVORY* (PA) VUMERITY* (PA)	FIRDAPSE* (PA, QL) GILENYA* (PA, QL) MAVENCLAD* (PA) TASCENSO ODT* (PA, QL) TECFIDERA* (PA)
--	---	---

NUTRITIONAL/DIETARY

betaine anhydrous* ludent fluoride+^ multivitamin with fluoride+ sodium fluoride chewable tablet, drops+^ tri-vitamin with fluoride+ vitamin d2 1.25mg (50,000 unit)^ vitamins a,c,d and fluoride+	FLORIVA CHEWABLE TABLET+ LOKELMA mvc-fluoride+ NEEVODHA^ OB COMPLETE SOFTGEL, TABLET POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE CHEWABLE^ PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL^	ACCRUFER^ AURYXIA (QL) CYSTADANE* DRISDOL^ EFFER-K NASCOBAL (PA) OB COMPLETE CAPLET^ PHOSLYRA
--	--	--

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

NUTRITIONAL/DIETARY (cont.)

	PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE QUFLORA PEDIATRIC 0.25 MG/ML DROPS, 0.5 MG/ML DROPS, 1 MG CHEWABLE TABLET+ TRI-VI-FLOR+ VELPHORO VELTASSA	
--	---	--

OSTEOPOROSIS PRODUCTS

alendronate ibandronate tablet raloxifene+ risedronate risedronate dr		ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FORTEO* (PA, QL) FOSAMAX (ST) TERIPARATIDE 620 MCG/2.48 ML* (PA, QL) TYMLOS* (PA, QL)
---	--	--

PAIN RELIEF AND INFLAMMATORY DISEASE

allopurinol tablet buprenorphine film, patch (QL) celecoxib (QL) colchicine cyclobenzaprine cyclobenzaprine er (PA, QL) diclofenac tablet diclofenac er ec-naproxen endocet (PA) hydrocodone-acetaminophen (PA) ibu 400mg, 600mg, 800mg tablet ibuprofen susp, 400mg, 600mg, 800mg tab lidocaine 5% patch, ointment, 2% solution (QL)	AIMOVIG AUTO-INJ (PA) AJOVY AUTO-INJ, SYR (PA) BELBUCA (QL) EMGALITY (PA) FLECTOR (PA, QL) HYSINGLA ER (PA) LICART (PA, QL) MITIGARE NUCYNTA (PA) NURTEC ODT (PA, QL) OTEZLA* (PA, QL) OTREXUP (PA) PROCTOFOAM-HC QULIPTA (PA, QL) RINVOQ* (PA, QL) SAVELLA TRUDHESA (PA, QL) UBRELVY (PA, QL) XELJANZ XR* (PA, QL)	BUTRANS (QL) CAMBIA (PA) CELEBREX (QL, ST) ELYXYB (PA, QL) GLOPERBA (PA, QL) GRALISE (PA) LIDODERM (PA) LYVISPAH (PA) NAPRELAN (PA) NUCYNTA ER (PA) OLUMIANT* (PA, QL) ONZETRA XSAIL (PA, QL) OXAYDO (PA) OXYCONTIN (PA) PENNSAID (PA) RASUVO (PA) RELAFEN DS (PA) RELPAK (PA, QL) REYVOW (PA, QL) ROXICODONE (PA) ROXYBOND (PA)
--	---	--

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
meloxicam tablet methocarbamol 500 mg, 700 mg tablet naproxen (PA) oxycodone (PA) OXYCODONE ER (PA) oxycodone-acetaminophen (PA) prolinate tablet (PA) sumatriptan (QL)	XELJANZ* (PA, QL) XTAMPZA ER (PA) ZAVZPRET (PA, QL) ZEPOSIA* (PA) ZTLIDO	SEGLENTIS (PA, QL) SOTYKTU* (PA, QL) SPRIX (PA, QL) TOBRAMYCIN PAK 300MG/5ML* (PA, QL) TOSYMRA (PA, QL) VELSIPITY* (PA, QL) ZEMBRACE SYMTOUCH (PA, QL) ZOMIG (PA, QL) ZYLOPRIM (PA)

PARKINSON'S DISEASE		
carbidopa-levodopa-entacapone pramipexole pramipexole er (QL) ropinirole ropinirole er		DHIVY (PA) INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) ONGENTYS (PA, QL) RYTARY STALEVO XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS²		
aripiprazole (QL) aripiprazole odt quetiapine quetiapine er	REXULTI (QL, ST)	ABILIFY (QL, ST) ABILIFY MYCITE (PA) CAPLYTA (QL, ST) FANAPT (QL, ST) LATUDA (PA, QL) LYBALVI (QL, ST) quetiapine 150mg tab (PA) SECUADO (ST) VRAYLAR (QL, ST)

SEIZURE DISORDERS		
clonazepam gabapentin lacosamide soln, tab lamotrigine lamotrigine (blue, green, orange) lamotrigine er lamotrigine odt lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT 10 MG/ML SOLUTION	APTIOM (PA, QL) BRIVIACT TAB, ORAL SOLN (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DILANTIN (PA) ELEPSIA XR (PA) EPIDIOLEX* (PA) KEPPRA ORAL SOLN, TABLET (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SEIZURE DISORDERS (cont.)		
oxcarbazepine pregabalin cap, soln roweepra subvenite subvenite (blue, green orange) topiramate topiramate er (QL)		KEPPRA XR (PA) LAMICTAL (BLUE, GREEN, ORANGE) (PA) LAMICTAL (PA) LAMICTAL ODT (BLUE, GREEN, ORANGE) (PA) LAMICTAL ODT (PA) LAMICTAL XR (PA) LYRICA SOLN (PA) LYRICA CR NEURONTIN (PA) ONFI (PA) OXTELLAR XR (PA) PHENYTEK (PA) QUDEXY XR (PA) SPRITAM (PA) SYMPAZAN (PA) TEGRETOL (PA) TEGRETOL XR (PA) TOPAMAX (PA) TRILEPTAL (PA) TROKENDI XR (PA, QL) VALTOCO (PA, QL) VIMPAT TABLET (PA) XCOPRI (PA, QL)

SKIN CONDITIONS		
amneesteem azelaic acid claravis clindacin etz 1% pledget clindacin p 1% pledgets clindamycin DROPSAFE PREP PADS halobetasol isotretinoin mupirocin 2% oint (PA) myorisan tretinoin (PA age) triamcinolone (PA) trianex (PA) triderm tritocin (PA) zenatane	ARAZLO CIBINQO* (PA, QL) EUCRISA (ST) NAFTIN PRAMOSONE 1% LOTION SANTYL (QL) TAZORAC 0.05% CREAM TAZORAC 0.05%, 0.1% GEL	ABSORICA ABSORICA LD (ST) ACZONE 7.5% GEL PUMP AKLIEF AMZEEQ (PA) ATRALIN (PA age) BRYHALI (ST) CAPEX SHAMPOO (ST) CLEOCIN T CLINDAGEL (PA) CLOBEX (PA) CLODERM (ST) DENA VIR (QL) DIFFERIN 0.1% CREAM, LOTION, 0.3% GEL PUMP (PA age) DUOBRII ENSTILAR (PA)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

SKIN CONDITIONS (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		EPIDUO FORTE (PA age) EVOCLIN FABIOR FINACEA (PA) HALOG (PA, ST) JUBLIA (PA) KLISYRI (PA, QL) LEXETTE (PA) LITFULO* (PA, QL) METROCREAM (PA) METROGEL (PA) ONEXTON OPZELURA (PA) PRAMOSONE 2.5%-1% LOTION REGRANEX (PA, QL) RETIN-A (PA age) RETIN-A MICRO PUMP (PA age) SOOLANTRA SORILUX (PA) TACLONEX SUSP TAZORAC 0.1% CREAM TWYNEO ULTRAVATE (PA) VECTICAL (QL) VELTIN (PA) VEREGEN (PA) VTAMA (PA, QL) WINLEVI (PA) WYNZORA (PA) XEPI ZILXI (PA) ZORYVE (PA, QL)

SLEEP DISORDERS/SEDATIVES

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
doxepin (QL) eszopiclone zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	AMBIEN (PA) AMBIEN CR (PA, QL) BELSOMRA (PA) LUMRYZ* (PA, QL) LUNESTA (PA) QUVIVIQ (PA, QL) RESTORIL (PA) SILENOR (PA, QL) SODIUM OXYBATE* (PA, QL)

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

SLEEP DISORDERS/SEDATIVES (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		WAKIX* (PA, QL) XYREM* (PA, QL) XYWAV* (PA, QL) zolpidem capsule (PA) ZOLPIMIST (PA)

SMOKING CESSATION²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion sr 150mg+^ varenicline+^	NICOTROL NS+^ NICOTROL+^	

SUBSTANCE ABUSE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
buprenorphine buprenorphine-naloxone naloxone (QL) naltrexone (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)

TRANSPLANT MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azathioprine tablet* (PA) mycophenolate capsule, suspension, tablet* sirolimus* tacrolimus*		AZASAN* (PA) CELLCEPT CAPSULE, ORAL SUSPENSION, TABLET* ENVARSUS XR* IMURAN* LUPKYNIS* (PA, QL) PROGRAF CAPSULE, GRANULE PACKET* (PA) RAPAMUNE*

URINARY TRACT CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
finasteride oxybutynin oxybutynin er potassium er tamsulosin tolterodine tolterodine er (QL)		DETROL (ST) DETROL LA (QL, ST) FLOMAX GELNIQUE (ST) GEMTESA (QL, ST) MYRBETRIQ (QL, ST) oxybutynin 2.5 mg tablet (PA) PYRIDIUM THIOLA EC* (PA) THIOLA* (PA) TOVIAZ (PA, QL) UROCIT-K VESICARE LS (ST)

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

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

VACCINES

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

	ACTHIB+ ADACEL TDAP+ AFLURIA QUAD+ 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+ 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)+ NOVAVAX COVID-19 VACC,ADJ(EUA)+	AREXVY+ FLUMIST QUAD+ ROTARIX+ ROTATEQ+
--	--	--

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

VACCINES (cont.)

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

	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+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+ SPIKEVAX+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+	
--	---	--

WEIGHT MANAGEMENT

LOMAIRA^ megestrol	WEGOVY^ (PA, QL) ZEPBOUND^ (PA, QL)	ADIPEX-P^ (PA) CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
-----------------------	---	---

Injectable specialty medications

The medications listed below are covered on Tier 4.

Medication Name	Drug Class
ABRILADA(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
ABRILADA(CF) (PA, QL)	Pain Relief and Inflammatory Disease
ACTEMRA ACTPEN, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
ADALIMUMAB-ADAZ(CF) (PA, QL)	Pain Relief and Inflammatory Disease
ADALIMUMAB-ADB(M) (CF) (PA, QL)	Pain Relief and Inflammatory Disease
ADALIMUMAB-FKJP(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
ADALIMUMAB-FKJP(CF) (PA, QL)	Pain Relief and Inflammatory Disease
ADBRY (PA)	Skin Conditions
ADVATE^ (PA)	Blood Modifiers/Bleeding Disorders
ADYNOVATE^ (PA)	Blood Modifiers/Bleeding Disorders
AFSTYLA^ (PA)	Blood Modifiers/Bleeding Disorders
ALTUVIIIIO^ (PA)	Blood Modifiers/Bleeding Disorders
AMJEVITA(CF) (PA, QL)	Pain Relief and Inflammatory Disease
APOKYN (PA)	Parkinson's Disease
ARANESP^ (PA)	Blood Modifiers/Bleeding Disorders
AVONEX (PA)	Multiple Sclerosis
AVSOLA^ (PA)	Pain Relief and Inflammatory Disease
BETASERON (PA)	Multiple Sclerosis
BIMZELX (PA, QL)	Pain Relief and Inflammatory Disease
CABENUVA^ (PA)	AIDS/HIV
CIMZIA (PA, QL)	Pain Relief and Inflammatory Disease
CINRYZE^ (PA)	Miscellaneous
COPAXONE (PA)	Multiple Sclerosis
COSENTYX PEN INJECTOR, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
CYLTEZO(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
CYLTEZO(CF) (PA, QL)	Pain Relief and Inflammatory Disease
DUPIXENT (PA)	Pain Relief and Inflammatory Disease
ELOCTATE^ (PA)	Blood Modifiers/Bleeding Disorders
EMPAVELI (PA)	Blood Modifiers/Bleeding Disorders
ENBREL (PA, QL)	Pain Relief and Inflammatory Disease
EPOGEN^ (PA)	Blood Modifiers/Bleeding Disorders
ESPEROCT^ (PA)	Blood Modifiers/Bleeding Disorders
EXTAVIA (PA)	Multiple Sclerosis
FASENRA PEN (PA)	Asthma/COPD/Respiratory
FENSOLVI^ (PA)	Hormonal Agents
FYLNETRA (PA)	Blood Modifiers/Bleeding Disorders

Injectable specialty medications (Cont.)

The medications listed below are covered on Tier 4.

Medication Name	Drug Class
GENOTROPIN (PA)	Hormonal Agents
glatopa	Multiple Sclerosis
GRANIX^ (PA)	Blood Modifiers/Bleeding Disorders
HADLIMA(CF) (PA, QL)	Pain Relief and Inflammatory Disease
HADLIMA (PA, QL)	Pain Relief and Inflammatory Disease
HAEGARDA (PA)	Miscellaneous
HULIO(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
HULIO(CF) (PA, QL)	Pain Relief and Inflammatory Disease
HUMATROPE (PA)	Hormonal Agents
HUMIRA PEN (PA, QL)	Pain Relief and Inflammatory Disease
HUMIRA(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
HUMIRA(CF) (PA, QL)	Pain Relief and Inflammatory Disease
HUMIRA (PA, QL)	Pain Relief and Inflammatory Disease
HYRIMOZ(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
HYRIMOZ(CF) (PA, QL)	Pain Relief and Inflammatory Disease
IDACIO(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
IDACIO(CF) (PA, QL)	Pain Relief and Inflammatory Disease
ILUMYA (PA, QL)	Pain Relief and Inflammatory Disease
INFLECTRA^ (PA)	Pain Relief and Inflammatory Disease
INFLIXIMAB^ (PA)	Pain Relief and Inflammatory Disease
JIVI^ (PA)	Blood Modifiers/Bleeding Disorders
KESIMPTA PEN (PA)	Multiple Sclerosis
KEVZARA (PA, QL)	Pain Relief and Inflammatory Disease
KINERET (PA, QL)	Pain Relief and Inflammatory Disease
KOGENATE FS^ (PA)	Blood Modifiers/Bleeding Disorders
KOVALTRY^ (PA)	Blood Modifiers/Bleeding Disorders
LANREOTIDE^ (PA)	Hormonal Agents
LUPRON DEPOT^ (PA)	Hormonal Agents
LUPRON DEPOT-PED^ (PA)	Hormonal Agents
MIRCERA^ (PA)	Blood Modifiers/Bleeding Disorders
NEULASTA ONPRO^ (PA)	Blood Modifiers/Bleeding Disorders
NEULASTA (PA)	Blood Modifiers/Bleeding Disorders
NEUPOGEN^ (PA)	Blood Modifiers/Bleeding Disorders
NGENLA (PA)	Hormonal Agents
NIVESTYM^	Blood Modifiers/Bleeding Disorders
NORDITROPIN FLEXPLO (PA)	Hormonal Agents

Injectable specialty medications (Cont.)

The medications listed below are covered on Tier 4.

Medication Name	Drug Class
NOVOEIGHT^ (PA)	Blood Modifiers/Bleeding Disorders
NUCALA AUTO-INJECTOR, SYRINGE (PA)	Asthma/COPD/Respiratory
NUTROPIN AQ NUSPIN (PA)	Hormonal Agents
NUWIQ^ (PA)	Blood Modifiers/Bleeding Disorders
NYVEPRIA (PA)	Blood Modifiers/Bleeding Disorders
OMNITROPE (PA)	Hormonal Agents
OMVOH PEN (PA, QL)	Pain Relief and Inflammatory Disease
ORENCIA CLICKJECT, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
PHESGO^ (PA)	Cancer
PLEGRIDY (PA)	Multiple Sclerosis
PROCRIT^ (PA)	Blood Modifiers/Bleeding Disorders
REBIF REBIDOSE (PA)	Multiple Sclerosis
REBIF (PA)	Multiple Sclerosis
RECOMBINATE^ (PA)	Blood Modifiers/Bleeding Disorders
RELEUKO^ (PA)	Blood Pressure/Heart Medications
REMICADE^ (PA)	Pain Relief and Inflammatory Disease
RETACRIT^ (PA)	Blood Modifiers/Bleeding Disorders
RUCONEST^ (PA)	Miscellaneous
SANDOSTATIN LAR DEPOT^ (PA)	Hormonal Agents
SIGNIFOR LAR^ (PA)	Hormonal Agents
SILIQ (PA, QL)	Pain Relief and Inflammatory Disease
SIMPONI 100MG/ML PEN INJECTOR, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
SIMPONI 50MG/0.5ML PEN INJECTOR, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
SIMPONI ARIA (PA)	Pain Relief and Inflammatory Disease
SKYRIZI ON-BODY, PEN, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
SKYTROFA (PA)	Hormonal Agents
SOGROYA (PA)	Hormonal Agents
SOMATULINE DEPOT^ (PA)	Hormonal Agents
SOMAVERT (PA)	Hormonal Agents
STELARA 45 MG/0.5 ML SYRINGE, VIAL, 90 MG/ML SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
STIMUFEND (PA)	Blood Modifiers/Bleeding Disorders
STRENSIQ (PA)	Miscellaneous

Injectable specialty medications (Cont.)

The medications listed below are covered on Tier 4.

Medication Name	Drug Class
TAKHZYRO (PA)	Blood Pressure/Heart Medications
TALTZ AUTO-INJECTOR, SYRINGE (PA, QL)	Pain Relief and Inflammatory Disease
TEGSEDI (PA)	Miscellaneous
TEZSPIRE (PA, QL)	Asthma/COPD/Respiratory
TREMFYA (PA, QL)	Pain Relief and Inflammatory Disease
UDENYCA (PA)	Blood Modifiers/Bleeding Disorders
XOLAIR 75MG/0.5 ML, 150MG/ML SYRINGE, POWDER VIAL (PA)	Asthma/COPD/Respiratory
XYNTHA SOLOFUSE^ (PA)	Blood Modifiers/Bleeding Disorders
XYNTHA^ (PA)	Blood Modifiers/Bleeding Disorders
YUFLYMA(CF) (PA, QL)	Pain Relief and Inflammatory Disease
YUSIMRY(CF) PEN (PA, QL)	Pain Relief and Inflammatory Disease
ZARXIO^	Blood Modifiers/Bleeding Disorders
ZIEXTENZO (PA)	Blood Modifiers/Bleeding Disorders
ZOMACTON (PA)	Hormonal Agents

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. There are certain medications and products that can't be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group

meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a **(PA)** or **(ST)** next to it, your medication needs approval before your plan will cover it. If it has a **(QL)** next to it, you may need approval depending on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

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

Frequently Asked Questions (FAQs) (cont.)

Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in amounts larger than (or for longer than) may be appropriate
- Misused or abused

Q. What types of medications require Step Therapy?

A. High-cost medications that are used to treat many conditions, such as:

- ADD/ADHD
- Allergies
- Bladder problems
- Breathing problems
- Depression
- High blood pressure
- High cholesterol
- Osteoporosis
- Pain
- Skin conditions
- Sleep disorders

Q. Why does my medication have an age requirement?

A. The FDA considers certain medication to only be clinically appropriate for people of a certain age or within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from 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.

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.

Frequently Asked Questions (FAQs) (cont.)

Q. Which medications are covered under the health care reform law?

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**. For more information about health care reform, go to **www.informedonreform.com** or **CignaHealthcare.com**.

Q. What are preventive medications?

A. Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

Q. How can I find out how much I’ll pay for a specific medication?

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor’s office.³

Q. What’s a cost-share?

A. It’s the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it’s a coinsurance.

Q. How can I save money on my prescription medications?

A. Consider 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.⁴

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.

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.

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁵

Express Scripts® Pharmacy for maintenance medications

Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to [Cigna.com/homedelivery](https://www.cigna.com/homedelivery).

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁶
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁷
- Helpful pharmacists available 24/7
- Flexible payment options

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then 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).⁸ 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:⁹

- Over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines.
- Prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative.
- Doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare.
- Implantable contraceptive devices covered under the Plan's medical benefit.
- Medications that are not medically necessary.
- Experimental or investigational medications, including 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,¹⁰ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,¹⁰ or athletic enhancement.
- Prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products.
- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
- Replacement of prescription medications and related supplies due to loss or theft.
- Medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
- Prescriptions more than one year from the date of issue.
- Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. [fda.gov/drugs/questions-answers/generic-drugs-questions-answers](https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers).
5. Not all plans offer Express Scripts® Pharmacy and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
6. Standard shipping costs are included as part of your prescription plan.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
10. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

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

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

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

978706 c Legacy (Standard) 4-Tier 03/24 © 2024 Cigna Healthcare.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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