



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

Coverage as of July 1, 2024



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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 Legacy (Standard) 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 01/01/2016

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) DECADRON desmopressin DEXABLISS dexamethasone (PA) dexamethasone intensol DOTTI (QL) estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone acetate EUTHYROX LEVO-T LEVOXYL liothyronine LYLLANA (Ⓢ) medroxyprog- esterone methyl-prednisolone millipred MIMVEY norethindrone	ANDRODERM (PA, QL) COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL MEDROL 2 MG TABLET MYFEMBREE (PA,QL) ORIAHNN (PA, QL) ORLISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ALORA (QL) ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID (PA) AYGESTIN BUJUVA CLIMARA (PA) CLIMARA PRO (PA) CRINONE 4% CYTOMEL DDAVP (PA) DEPO-TESTOSTERONE DIVIGEL (PA) ELESTRIN (PA) ESTRACE (PA) EVAMIST FEMRING (PA) FORTESTA (PA, QL) HEMADY IMVEXXY (PA, QL) INTRAROSA (QL) JATENZO (PA, QL) levothyroxine tablets MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL)

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 20-23)

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 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 – 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 20–23). 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	FEMININE PRODUCTS	14
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	14, 15
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	15
ASTHMA/COPD/RESPIRATORY	6, 7	INFECTIONS	15, 16
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	INFERTILITY	16
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	16
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	16
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	17
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	17
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	17
CONTRACEPTION PRODUCTS	8-10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	17, 18
DENTAL PRODUCTS	10, 11	SKIN CONDITIONS	18
DIABETES	11-13	SLEEP DISORDERS/SEDATIVES	18
DIURETICS	13	SMOKING CESSATION	18
EAR MEDICATIONS	13	SUBSTANCE ABUSE	18
ERECTILE DYSFUNCTION	14	URINARY TRACT CONDITIONS	18, 19
EYE CONDITIONS	14	VACCINES	19
		WEIGHT MANAGEMENT	19

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine 0.1% (137 mcg) 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

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion (QL) 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)	TRINTELLIX (QL)	ANAFRANIL (PA) APLENZIN (PA, QL) AUVELITY (PA, QL) BUPROPION XL 450 MG TABLET (PA, QL) CITALOPRAM 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)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER² (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
sertraline 20 mg/ml oral concentrate (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		PAMELOR (PA) PEXEVA (PA, QL) PRISTIQ (PA, QL) PROZAC (PA, QL) SERTRALINE 150 MG, 200 MG CAPSULE (PA, QL) WELLBUTRIN SR (PA, QL) WELLBUTRIN XL (PA, QL) ZOLOFT (PA, QL)

ASTHMA/COPD/RESPIRATORY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
albuterol albuterol hfa 90 mcg inhaler (QL) breyna (QL) budesonide-formoterol (QL) fluticasone-salmeterol 100-50, 250-50, 500-50 (QL) montelukast wixela inhub (QL)	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 QVAR REDIHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TRELEGY ELLIPTA (QL)	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) DUAKLIR PRESSAIR (PA, QL) FLOVENT DISKUS (PA, QL) FLOVENT HFA (PA, QL) FLUTICASONE (PA, QL) FLUTICASONE HFA (PA, QL) FLUTICASONE-SALMETEROL 55-14, 113-14, 232-14 (PA, QL) FLUTICASONE-VILANTEROL (PA, QL)

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		LEVALBUTEROL HFA (PA, QL)
		PERFOROMIST (PA, QL)
		PROAIR DIGIHALER (PA, QL)
		PROAIR HFA (PA, QL)
		PROAIR RESPICLICK (PA, QL)
		PROVENTIL HFA (PA, QL)
		PULMICORT FLEXHALER (PA)
		SEREVENT DISKUS (QL, ST)
		SINGULAIR
		SYMBICORT (QL, ST)
		TUDORZA PRESSAIR (QL, ST)
		VENTOLIN HFA (PA, QL)
		XOPENEX HFA (PA, QL)
		YUPELRI (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amphetamine (PA)		ADDERALL (PA, ST)
dexamethylphenidate (PA)		ADDERALL XR (PA, ST, QL)
dexamethylphenidate er (PA, QL)		ADZENYS XR-ODT (PA, QL)
dextroamphetamine-amphetamine (PA, QL)		APTENSIO XR (PA, ST, QL)
dextroamphetamine-amphetamine (PA, QL)		AZSTARYS (PA, ST, QL)
dextroamphetamine-amphetamine er (PA, QL)		CONCERTA (PA, ST, QL)
guanfacine er		COTEMPLA XR-ODT (PA, QL)
methylphenidate (PA, QL)		DAYTRANA (PA, QL)
methylphenidate cd (PA, QL)		DYANAVEL XR (PA, QL)
methylphenidate er (cd) (PA, QL)		EVEKEO ODT (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER² (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
methylphenidate er (la) (PA, QL)		FOCALIN (PA, ST)
methylphenidate er 10mg capsule, tablet (PA, QL)		FOCALIN XR (PA, ST, QL)
methylphenidate er 15mg capsule (PA, QL)		INTUNIV (PA)
methylphenidate er 18mg tablet (PA, QL)		JORNAY PM (PA, ST, QL)
methylphenidate er 20mg capsule, tablet (PA, QL)		METHYLIN (PA)
methylphenidate er 27mg tablet (PA, QL)		METHYLPHENIDATE ER 45MG, 63 MG, 72 MG TABLET (PA, QL)
methylphenidate er 30mg capsule (PA, QL)		MYDAYIS (PA, QL)
methylphenidate er 36mg tablet (PA, QL)		QELBREE (PA, QL)
methylphenidate er 40mg capsule (PA, QL)		QUILLICHEW ER (PA, QL)
methylphenidate er 50mg capsule (PA, QL)		QUILLIVANT XR (PA, QL)
methylphenidate er 54mg tablet (PA, QL)		RELEXXII (PA, QL)
methylphenidate er 60mg capsule (PA, QL)		RITALIN (PA, ST)
		RITALIN LA (PA, ST, QL)
		STRATTERA (PA, QL)
		VYVANSE (PA, QL)
		XELSTRYM (PA, QL)

BLOOD PRESSURE/HEART MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amlodipine	ENTRESTO (QL)	ASPRUZYO
amlodipine-valsartan	NORLIQVA (PA, QL)	SPRINKLE (PA, QL)
atenolol	TEKTURN HCT	AVAPRO (ST)
cartia xt	VERQUVO (PA, QL)	BIDIL (QL)
carvedilol		BYSTOLIC (PA, QL)
carvedilol er (QL)		CARDIZEM (PA)
clonidine		CARDIZEM CD (PA)
diltiazem tablet		CARDIZEM LA (QL)
diltiazem 12hr er		CONJUPRI (PA)
diltiazem 24hr er		COREG (PA)
		COREG CR (PA, QL)
		COZAAR (ST)

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
diltiazem 24hr er (cd)		DIOVAN (ST)
diltiazem 24hr er (la) (QL)		DIOVAN HCT (ST)
diltiazem 24hr er (xr)		EDARBI (PA, QL)
dilt xr		EDARBYCLOR (PA)
flecainide		EXFORGE (PA)
irbesartan		HEMANGEOL (PA)
labetalol tablet		HYZAAR (ST)
lisinopril		INDERAL LA (PA)
lisinopril-hctz		KAPSPARGO
losartan		SPRINKLE (PA)
losartan-hctz		LODOCO (PA)
matzim la		LOPRESSOR (PA)
metoprolol tablet		MICARDIS (QL, ST)
metoprolol er		MULTAQ (PA)
olmesartan (QL)		NITROSTAT
olmesartan-amlodipine-hctz		NORVASC
olmesartan-hctz (QL)		TEKTURNA (PA, QL)
propranolol		TENORETIC 100 (PA)
solution, tablet		TENORETIC 50 (PA)
propranolol er		TENORMIN (PA)
taztia xt		TIAZAC
telmisartan (QL)		TOPROL XL (PA)
tiadyt er		VALSARTAN 4 MG/ML SOLUTION (ST)
valsartan tablet		ZESTORETIC (ST)
valsartan-hctz		ZESTRIL (ST)

BLOOD THINNERS/ANTI-CLOTTING

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
clopidogrel	BRILINTA ELIQUIS (PA) XARELTO (PA)	PRADAXA CAPSULE (PA) SAVAYSA (PA, QL) ZONTIVITY

CANCER

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
anastrozole+ exemestane+ methotrexate tamoxifen+		ARIMIDEX AROMASIN

CHOLESTEROL MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atorvastatin 40 mg, 80 mg	NEXLETOL (PA, QL) NEXLIZET (PA, QL)	ATORVALIQ (ST)
atorvastatin 10 mg, 20 mg+	REPATHA (PA)	CADUET (QL)
ezetimibe	VASCEPA (PA)	CRESTOR (PA, QL)
FENOFIBRATE		EZALLOR SPRINKLE (QL, ST)
fluvastatin er+		FENOGLIDE (PA)
fluvastatin+		LIPITOR (PA)
icosapent ethyl		LIPOFEN (ST)
		ATORVALIQ (ST)

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
lovastatin 20 mg, 40 mg+		CADUET (QL)
lovastatin 10 mg		CRESTOR (PA, QL)
pitavastatin+ (QL)		EZALLOR SPRINKLE (QL, ST)
pravastatin+		FENOGLIDE (PA)
rosuvastatin 20 mg, 40 mg (QL)		LIPITOR (PA)
rosuvastatin 5 mg, 10 mg+ (QL)		LIPOFEN (ST)
simvastatin 5 mg, 80 mg (QL)		LIVALO (PA, QL)
simvastatin 10 mg, 20 mg, 40 mg+ (QL)		PRALUENT PEN (PA)
		TRICOR (ST)
		ZETIA
		ZOCOR (PA)
		ZYPITAMAG (ST)

CONTRACEPTION PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
afirmelle+	LO LOESTRIN FE	ANNOVERA
altavera+		BALCOLTRA
alyacen+		BEYAZ
amethia+		ELLA+
amethyst+		layolis fe+
apri+		LOESTRIN FE
aranelle+		MINASTRIN 24 FE
ashlyna+		NATAZIA
aubra eq+		NEXTSTELLIS
aubra+		NUVARING
aurovela 24 fe+		PHEXXI+ (PA)
aurovela fe+		SAFYRAL
aurovela+		SLYND
aviane+		TAYTULLA
ayuna+		TWIRLA+
azurette+		TYBLUME
balziva+		YASMIN 28
blisovi 24 fe+		YAZ
blisovi fe+		
briellyn+		
camila+		
camrese lo+		
camrese+		
CAYA		
CONTOURED+		
caziant+		
charlotte 24 fe+		
apri+		
chateal eq+		
chateal+		
cryselle+		
cyred eq+		
cyred+		
dasetta+		
daysee+		
deblitane+		

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

desogestrel-ethinyl estradiol+		
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+		
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+		

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

lessina+		
levonest+		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol ethinyl estradiol+		
levonorgestrel- ethinyl estradiol-fe bisglycinate+		
levora-28+		
lojaimiess+		
loryna+		
low-ogestrel+		
lo-zumandimine+		
luteru+		
lyleq+		
lyza+		
marlissa+		
medroxy- progesterone+		
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+		
nylia+		
nymyo+		
ocella+		
philith+		
pimtrea+		
pirmella+		
portia+		
previfem+		

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

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+ WIDE SEAL DIAPHRAGM+ wymzya fe+ xulane+ zafemy+ zarah+ zovia 1-35+ zumandimine+		
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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+		
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COUGH/COLD MEDICATIONS

benzonatate (PA) brompheniramine- pseudoephed-dm hydrocodone- chlorpheniramine er (PA) promethazine-dm		TUZISTRA XR (PA, QL)
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DENTAL PRODUCTS

chlorhexidine doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% oralone	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA 0.25 MG/ ML DROPS+^ FLUORIDEX SENSITIVITY RELIEF
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Cigna Healthcare Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

perigard triamcinolone		JUST RIGHT 5000 PERIDEX PREVIDENT 1.1% GEL PREVIDENT 5000
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DIABETES

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

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

COMFORT TOUCH PEN NEEDLE (PA)	HUMULIN 70/30, HUMULIN N, HUMULIN R (QL)	EASY PLUS II TEST STRIP
DROPLET GENTEEL LANCING DEVICE	INSULIN LISPRO (QL)	EASY STEP TEST STRIP
DROPLET INSULIN SYRINGE	INSULIN LISPRO JUNIOR KWIKPEN (QL)	EASY TALK TEST STRIP
DROPLET MICRON PEN NEEDLE (PA)	INSULIN LISPRO KWIKPEN (QL)	EASY TALK PLUS II TEST STRIP
DROPLET PEN NEEDLE (PA)	INSULIN LISPRO PROTAMINE MIX (QL)	EASY TOUCH TEST STRIP
DROPSAFE PEN NEEDLE (PA)	JANUMET (QL, ST)	EASY TRAK TEST STRIP
EASY COMFORT INSULIN SYRINGE	JANUMET XR (QL, ST)	EASY TRAK II TEST STRIP
EASY COMFORT PEN NEEDLE (PA)	JANUVIA (QL, ST)	EASYGLUCO TEST STRIP
EASY GLIDE INSULIN SYRINGE	JARDIANCE (QL, ST)	EASYMAX TEST STRIP
EASY GLIDE PEN NEEDLE (PA)	LYUMJEV (QL)	EASYMAX 15 TEST STRIP
EASY TOUCH INSULIN SAFETY	LYUMJEV TEMPO PEN U-100 (QL)	ELEMENT COMPACT TEST STRIP
EASY TOUCH FLILOCK INSULIN	MOUNJARO (PA, QL)	ELEMENT TEST STRIP
EASY TOUCH INSULIN SYRINGE	NOVOLIN 70-30 (QL)	EMBRACE TEST STRIP
EASY TOUCH LUER LOCK INSULIN	NOVOLIN 70-30 FLEXPEN (QL)	EMBRACE EVO TEST STRIP
EASY TOUCH PEN NEEDLE (PA)	NOVOLIN N (QL)	EMBRACE PRO TEST STRIP
EASY TOUCH SHEATHLOCK INSULIN	NOVOLIN N FLEXPEN (QL)	EMBRACE TALK TEST STRIP
EASY TOUCH UNI- SLIP SYRINGE 1 ML	NOVOLIN R (QL)	EVOLUTION TEST STRIP
EASY-TOUCH INSULIN SYRINGE	NOVOLIN R FLEXPEN (QL)	FIASP (PA, QL)
FREESTYLE PRECISION	OMNIPOD 5 G6 INTRO KIT (GEN 5) (QL)	FIFTY50 TEST STRIP
GUARDIAN RT CHARGER	OMNIPOD 5 G6 PODS (GEN 5) (QL)	FORA 6 CONNECT GLUCOSE STRIP
GUARDIAN TEST PLUG	OMNIPOD CLASSIC PDM KIT(GEN 3) (QL)	FORA TEST STRIP
HEALTHWISE INSULIN SYRINGE	OMNIPOD CLASSIC PODS (GEN 3) (QL)	FORACARE TEST STRIP
HEALTHWISE PEN NEEDLE (PA)	OMNIPOD DASH INTRO KIT (GEN 4) (QL)	FORACARE FORTISCARE GLUCOSE TEST STRIP
HEALTHY ACCENTS UNIFINE PENTIP (PA)	OMNIPOD DASH PODS (GEN 4) (QL)	FREESTYLE INSULINX TEST STRIP
	OMNIPOD GO PODS (QL)	FREESTYLE TEST STRIP

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)			DIABETES (cont.)		
HEALTHY ACCENTS UNIFINE PENTIP (PA)	ONETOUCH ULTRA TEST STRIP	GE100 BLOOD GLUCOSE TEST STRIP	NANO 2 GEN PEN NEEDLE		JENTADUETO XR (PA, QL)
INCONTROL PEN NEEDLE (PA)	ONETOUCH VERIO TEST STRIP	GLUCAGON EMERGENCY KIT (QL)	NOVOFINE 32 (PA)		KAZANO (PA, QL)
INPEN (FOR HUMALOG)	OZEMPIC (PA, QL)	GLUCOCARD 01 SENSOR PLUS	NOVOFINE AUTOCOVER (PA)		LANTUS (PA, QL)
INPEN (FOR NOVOLOG OR FIASP)	REZVOGLAR KWIKPEN (QL)	GLUCOCARD TEST STRIP	NOVOFINE PLUS (PA)		LANTUS SOLOSTAR (PA, QL)
INSULIN PEN NEEDLE (PA)	RYBELSUS (PA, QL)	GLUCOCARD TEST STRIP	NOVOTWIST (PA)		LEVEMIR (PA, QL)
INSULIN SYRINGE	SOLIQUA 100-33 SYMLINPEN	GLUCOCARD TEST STRIP	PARADIGM PEN NEEDLE (PA)		METFORMIN 625 MG TABLET (PA)
INSUPEN (PA)	SYNJARDY (QL, ST)	GLUCOCOM GLUCOSE	PENTIP (PA)		MICRO MICRODOT
INSUPEN PEN NEEDLE (PA)	SYNJARDY XR (QL, ST)	GLUCOSE TEST STRIP	PIP PEN NEEDLE (PA)		GLUCOSE SYSTEM, TEST STRIP
LITE TOUCH (PA)	TRESIBA (QL)	GOJJI BLOOD GLUCOSE TEST STRIP	PREVENT DROPSAFE PEN NEEDLE (PA)		MICRODOT XTRA
LITETOUCH INSULIN SYRINGE	TRIJARDY XR (QL, ST)	GVOKE (QL)	PRO COMFORT INSULIN SYRINGE		MYGLUCOHEALTH TEST STRIP
MAGELLAN INSULIN SYRINGE	TRULICITY (PA, QL)	HEALTHPRO GLUCOSE TEST STRIP	PRO COMFORT PEN NEEDLE (PA)		NESINA (PA, QL)
MAXI-COMFORT MAXICOMFORT II PEN NEEDLE (PA)	V-GO 20, 30, 40	IGLUCOSE TEST STRIP	PRODIGY INSULIN SYRINGE		NEUTEK 2TEK TEST STRIP
MAXICOMFORT INSULIN SYRINGE	XIGDUO XR (QL, ST)	INFINITY TEST STRIP	PURE COMFORT PEN NEEDLE (PA)		NOVA MAX GLUCOSE TEST STRIP
metformin 500 mg/5 ml solution	ZEGALOGUE AUTO-INJECTOR (QL)	INPEFA (PA, QL)	RAYA SURE PEN NEEDLE (PA)		NOVOLOG (PA, QL)
metformin 500 mg, 850 mg, 1,000 mg tablet	ZEGALOGUE SYRINGE (QL)	INSULIN ASPART (PA, QL)	SAFESNAP INSULIN SYRINGE		NOVOLOG FLEXPEN (PA, QL)
metformin 500 mg/5 ml, 850 mg/8.5 ml cup		INSULIN DEGLUDEC (PA, QL)	SAFETY PEN NEEDLE (PA)		NOVOLOG MIX 70-30 (PA, QL)
metformin er		INSULIN GLARGINE (PA, QL)	SAFETYGLIDE INSULIN SYRINGE		NOVOLOG MIX 70-30 FLEXPEN (PA, QL)
metformin er gastric (PA)		INSULIN GLARGINE SOLOSTAR (PA, QL)	SECURESAFE PEN NEEDLE (PA)		NOVOLOG PENFILL (PA, QL)
metformin er osmotic (PA)		INSULIN GLARGINE-YFGN (PA, QL)	SKY SAFETY PEN NEEDLE (PA)		OPTIUM EZ
MICROLET 2		INVOKAMET (PA, QL)	SURE COMFORT (PA)		OSENI (PA, QL)
MICROLET NEXT LANCING DEVICE		INVOKAMET XR (PA, QL)	SURE COMFORT INSULIN SYRINGE		PHARMACIST CHOICE TEST STRIP
MINI PEN NEEDLE (PA)		INVOKANA (PA, QL)	SURE COMFORT (PA)		PRECISION XTRA
MINI ULTRA-THIN II (PA)		JENTADUETO (PA, QL)	SURE-FINE PEN NEEDLES (PA)		KETONE-GLUCOSE KIT, TEST STRIP
MONOJECT INSULIN SYRINGE			SURE-JECT INSULIN SYRINGE		PREMIER TEST STRIP
					PREMIUM BLOOD GLUCOSE TEST STRIP
					PREMIUM V10 TEST STRIP

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
TECHLITE INSULIN SYRINGE TECHLITE PEN NEEDLE (PA) TERUMO INSULIN SYRINGE THINPRO INSULIN SYRINGE TOPCARE CLICKFINE (PA) TOPCARE ULTRA COMFORT TRUE COMFORT INSULIN SYRINGE 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)		PRO VOICE V8-V9 TEST STRIP PRODIGY NO CODING QTERN (QL, ST) QUINTET TEST STRIP QUINTET AC TEST STRIP REFUAH PLUS TEST STRIP RELION CONFIRM-MICRO RELION PRIME TEST STRIP RIGHTEST TEST STRIP RELION ULTIMA TEST STRIP SEGLUROMET (PA, QL) SEMGLEE (YFGN) (PA, QL) SEMGLEE (YFGN) PEN (PA, QL) SMART SENSE TEST STRIP SMARTEST TEST STRIP SOLUS V2 TEST STRIP STEGLATRO (PA, QL) STEGLUJAN (QL, ST) TEST N'GO TEST STRIP TEST STRIP TOUJEO MAX SOLOSTAR (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
ULTRA-FINE PEN NEEDLE ULTRA-THIN II (PA) UNIFINE PEN NEEDLE (PA) UNIFINE PENTIP (PA) UNIFINE SAFECONTROL (PA) VANISHPOINT INSULIN SYRINGE VEO INSULIN SYRINGE		TOUJEO SOLOSTAR (PA, QL) TRADJENTA (PA, QL) TRUE METRIX GLUCOSE TEST STRIP TRUETEST TEST STRIP TRUETRACK TEST STRIP ULTIGUARD SAFEPACK SYRINGE UNISTRIP1 VICTOZA (PA, QL) VIVAGUARD INO TEST STRIP WAVESENSE JAZZ WAVESENSE PRESTO TEST STRIP XULTOPHY 100-3.6 (PA)
DIURETICS		
chlorthalidone eplerenone furosemide solution, tablet hydro-chlorothiazide spironolactone triamterene-hctz	CAROSPIR SUSPENSION (PA) KERENDIA (PA, QL)	ALDACTONE (PA) FUROSCIX (PA, QL) INSPIRA (PA) MAXZIDE SOANZ (PA)
EAR MEDICATIONS		
ciprofloxacin-dexamethasone neomycin-polymyxin-hc	CIPRO HC	CETRAXAL (PA) CIPRODEX (PA) CIPROFLOXACIN-FLUOCINOLONE

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

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

EYE CONDITIONS		
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 XIIDRA ZERVIAE	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) 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

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

GASTROINTESTINAL/HEARTBURN		
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 mesalamine er metoclopramide omeprazole capsule (QL) ondansetron ondansetron odt pantoprazole packet, tablet (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+	CLENPIQ+ LINZESS LITHOSTAT NEXIUM DR 2.5 MG, 5 MG PACKET (QL) PANCREAZE 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 MOVANTIK (PA) MOVIPREP+ (PA) NEXIUM DR 10 MG PACKET (PA, QL) NEXIUM DR 20 MG CAPSULE, PACKET (PA, QL) NEXIUM DR 40 MG CAPSULE, PACKET (PA, QL) NULYTELY+ (PA) OMECLAMOX-PAK (PA) OSMOPREP+ (PA) PENTASA (ST) PEPCID (PA) PERTZYE (PA) PLENVU+ (PA) PROTONIX SUSPENSION, TABLET (QL, ST) PYLERA (PA) RECTIV RELISTOR (PA)

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GASTROINTESTINAL/HEARTBURN (cont.)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		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) ZELNORM (PA) ZENPEP (PA)

HORMONAL AGENTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
desmopressin solution, spray, tablet dotti (QL) estradiol (once weekly) estradiol (QL) estradiol (twice weekly) (QL) euthyrox levo-t levothyroxine tablet levoxyl liothyronine tablet lyllana (QL) methyl-prednisolone dosepack, tablet np thyroid prednisone prednisone intensol progesterone capsule testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml	ANDRODERM (PA, QL) COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN PREMPHASE PREMPRO	ACTIVELLA ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID (PA) BIJUVA CLIMARA (PA) CLIMARA PRO (PA) CRINONE (PA) CYTOMEL DDAVP TABLET (PA) DEPO-TESTOSTERONE DIVIGEL (PA) ELESTRIN (PA) ERMEZA (PA) ESTRACE (PA) EVAMIST FEMRING (PA) FORTESTA (PA, QL) HEMADY IMVEXXY (PA, QL) INTRAROSA (QL) JATENZO (PA, QL) KYZATREX (PA, QL) LEVOTHYROXINE CAPSULE MEDROL MENOSTAR (QL) MINIVELLE (PA, QL) NATESTO (PA, QL)

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
testosterone cypionate yuvafem (QL)		NOC DURNA (PA) OSPHENA (QL) PROMETRIUM (PA) RAYALDEE RAYOS (PA) SAIZEN (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)

INFECTIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate amoxicillin-clavulanate er azithromycin packet, suspension, tablet cefdinir cephalexin doxycycline capsule, tablet (PA) EMVERM erythromycin fluconazole suspension, tablet hydroxy-chloroquine metronidazole tablet, vaginal gel nitrofurantoin oseltamivir (QL) posaconazole suspension, tablet praziquantel	e.e.s. 400 LAGEVRIO (EUA) (QL) PAXLOVID (EUA) (QL) PAXLOVID (QL) SOLOSEC XIFAXAN (QL)	ACTICLATE (ST) AEMCOLO (QL) ARAKODA (PA) BAXDELA 450 MG TABLET (PA) BEYFORTUS+ BILTRICIDE BREXAFEMME (PA) CLINDESSE DIFICID (QL) DIFLUCAN (PA) DORYX (PA) DORYX MPC (PA) E.E.S. 200 (PA) ERYPED 200 ERYPED 400 (PA) LYMEPAK (PA) MACROBID MACRODANTIN MINOLIRA ER (ST) NOXAFIL SUSPENSION, TABLET (PA) ORACEA (PA) PLAQUENIL (PA) SEYSARA (PA) SIVEXTRO 200 MG TABLET (PA)

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INFECTIONS (cont.)

sulfamethoxazole suspension, tablet valacyclovir vandazole		sulfatrim TAMIFLU (QL) TARGADOX (PA) TOLSURA VALTREX VIBRAMYCIN (PA) VIVJOA (PA) XACIATO (PA) XENLETA TABLET (PA, QL) XOFLUZA (QL) ZITHROMAX PACKET, SUSPENSION, TABLET ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)
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INFERTILITY

	CRINONE [^] ENDOMETRIN [^]	
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MISCELLANEOUS

ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX DROPLET LANCET KETONE TEST STRIP KETOSTIX REAGENT MICROLET ONETOUCH LANCET POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA sodium chloride SOFT TOUCH LANCET TRUEPLUS KETONE TEST STRIP	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) CLEVER CHOICE HOLDING CHAMBER (QL) COMPACT SPACE CHAMBER (QL) EASIVENT (QL) FLEXICHAMBER (QL)	ADDYI [^] (PA, QL) HORIZANT (PA) NUEDEXTA (QL) VEOZAH (QL)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS (cont.)

	MICROCHAMBER (QL) MICROSPACER (QL) 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)	
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NUTRITIONAL/DIETARY

ludent fluoride+ [^] multivitamin with fluoride+ sodium fluoride chewable tablet, drops+ [^] tri-vitamin with fluoride+ vitamin d2 1.25 mg (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 [^] PRENATE MINI, PIXIE, RESTORE PRIMACARE QUFLORA PEDIATRIC 0.25 MG/ML DROPS, 0.5 MG/ML DROPS, 1 MG CHEWABLE TABLET+ TRI-VI-FLOR+ VELPHORO VELTASSA	ACCRUFER [^] AURYXIA (QL) DRISDOL [^] EFFER-K NASCOBAL (PA) OB COMPLETE CAPLET [^] PHOSLYRA
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OSTEOPOROSIS PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
alendronate ibandronate tablet raloxifene+ risedronate risedronate dr		ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST)

PAIN RELIEF AND INFLAMMATORY DISEASE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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 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 naproxen (PA) oxycodone (PA) OXYCODONE ER (PA) oxycodone- acetaminophen (PA) prolate tablet (PA) sumatriptan (QL)	AIMOVIG AUTO- INJECTOR (PA) AJOVY AUTO- INJECTOR, SYRINGE (PA) BELBUCA (QL) EMGALITY (PA) FLECTOR (PA, QL) HYSINGLA ER (PA) LICART (PA, QL) MITIGARE NUCYNTA (PA) NURTEC ODT (PA, QL) OTREXUP (PA) PROCTOFOAM-HC QULIPTA (PA, QL) SAVELLA TRUDHESA (PA, QL) UBRELVY (PA, QL) XTAMPZA ER (PA) ZAVZPRET (PA, QL) ZTLIDO	BUTRANS (QL) CAMBIA (PA) CELEBREX (QL, ST) ELYXYB (PA, QL) GLOPERBA (PA, QL) GRALISE (PA) LIDODERM (PA) LYVISPAH (PA) NAPRELAN (PA) NUCYNTA ER (PA) 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) SEGLENTIS (PA, QL) SPRIX (PA, QL) TOSYMRA (PA, QL) ZEMBRACE SYMTOUCH (PA, QL) ZOMIG (PA, QL) ZYLOPRIM (PA)

PARKINSON'S DISEASE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
carbidopa- levodopa- entacapone pramipexole		DHIVY (PA) MIRAPEX ER (QL) NEUPRO ONGENTYS (PA, QL)

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
pramipexole er (QL) ropinirole ropinirole er		RYTARY STALEVO XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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 150 mg tablet (PA) SECUADO (ST) VRAYLAR (QL, ST)

SEIZURE DISORDERS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
clonazepam gabapentin lacosamide solution, tablet lamotrigine lamotrigine (blue, green, orange) lamotrigine er lamotrigine odt lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin roweepra subvenite subvenite (blue, green orange) topiramate topiramate er (QL)	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT 10 MG/ML SOLUTION	APTIOM (PA, QL) BRIVIACT TABLET, ORAL SOLUTION (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DILANTIN (PA) ELEPSIA XR (PA) KEPPRA ORAL SOLUTION, TABLET (PA) KEPPRA XR (PA) LAMICTAL (BLUE, GREEN, ORANGE) (PA) LAMICTAL (PA) LAMICTAL ODT (BLUE, GREEN, ORANGE) (PA) LAMICTAL ODT (PA) LAMICTAL XR (PA) LYRICA (PA) LYRICA CR NEURONTIN (PA) ONFI (PA) OXTELLAR XR (PA) PHENYTEK (PA) QUDEXY XR (PA) SPRITAM (PA)

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		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)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	SKIN CONDITIONS	
amnesteem azelaic acid claravis clindacin etz 1% pledget clindacin p 1% pledget clindamycin DROPSAFE PREP PAD halobetasol isotretinoin mupirocin (PA) myorisan tretinoin (PA age) triamcinolone (PA) trianex (PA) triderm tritocin (PA) zenatane	ARAZLO EUCRISA (ST) NAFTIN PRAMOSONE 1% LOTION SANTYL (QL) TAZORAC 0.05% CREAM TAZORAC 0.05%, 0.1% GEL	ABSORICA ABSORICA LD (ST) ACZONE AKLIEF AMZEEQ (PA) ATRALIN (PA age) BRYHALI (ST) CAPEX SHAMPOO (ST) CLEOCIN T CLINDAGEL (PA) CLOBEX (PA) CLODERM (ST) DENAVIR (QL) DIFFERIN 0.1% CREAM, LOTION, 0.3% GEL PUMP (PA age) DUOBRII ENSTILAR (PA) EPIDUO FORTE (PA age) EVOCLIN FABIOR FINACEA (PA) HALOG (PA, ST) JUBLIA (PA) KLISYRI (PA, QL) LEXETTE (PA) METROCREAM (PA) METROGEL (PA) ONEXTON OPZELURA (PA) PRAMOSONE 2.5%- 1% LOTION REGRANEX (PA, QL) RETIN-A (PA age)

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		REGRANEX (PA, QL) RETIN-A (PA age) RETIN-A MICRO PUMP (PA age) SOOLANTRA SORILUX (PA) TACLONEX 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 tablet zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	AMBIEN (PA) AMBIEN CR (PA, QL) BELSOMRA (PA) LUNESTA (PA) QUVIVIQ (PA, QL) RESTORIL (PA) SILENOR (PA, QL) zolpidem capsule (PA) ZOLPIMIST (PA)

SMOKING CESSATION²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion sr 150 mg+^ 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)

URINARY TRACT CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
finasteride oxybutynin 5mg tablet (PA)		DETROL (ST) DETROL LA (QL, ST) FLOMAX

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

Specialty medications are covered on Tier 4 (listed on pages 20-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont.)

oxybutynin er potassium er tamsulosin tolterodine tolterodine er (QL)		GELNIQUE (ST) GEMTESA (QL, ST) MYRBETRIQ (QL, ST) oxybutynin 2.5 mg tablet (PA) PYRIDIUM TOVIAZ (PA, QL) UROCIT-K VESICARE LS (ST)
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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.

ACTHIB+ ADACEL TDAP+ AFLURIA QUAD+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENG VAXIA+ 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+		VAXNEUVANCE+ AREXVY+ FLUMIST QUAD+ ROTARIX+ ROTATEQ+
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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.

	MODERNA COVID VAC(EUA)+ MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID (EUA)+ 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+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+ SPIKEVAX+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+	
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WEIGHT MANAGEMENT

LOMAIRA^ megestrol	WEGOVY^ (PA, QL) ZEPBOUND^ (PA, QL)	ADIPEX-P^ (PA) CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
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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 600 MG TABLET** (PA)
PREZISTA 75 MG, 150 MG TABLET**
PREZISTA 800 MG TABLET** (PA)
SYMFI LO** (PA, QL)
SYMFI** (PA, QL)
SYMTUZA** (QL)
tenofovir* (PA)
TRIUMEQ PD** (QL)
TRIUMEQ** (QL)
TRUVADA** (PA)

Anxiety/Depression/ Bipolar Disorder

SPRAVATO** (PA)

Asthma/COPD/Respiratory

ADEMPAS** (PA)

BRONCHITOL** (PA)
FASENRA PEN* (PA)
LIQREV** (PA)
NUCALA AUTO-INJECTOR, SYRINGE* (PA)
OFEV** (PA)
OPSUMIT** (PA)
ORENITRAM ER** (PA)
ORENITRAM TITRATION KIT** (PA, QL)
REVATIO SUSPENSION, TABLET** (PA)
TADLIQ** (PA)
TEZSPIRE* (PA, QL)
TRACLEER 32 MG TABLET FOR SUSPENSION** (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)
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)
STIMUFEND* (PA)
TAVALISSE** (PA)
TAVNEOS** (PA, QL)
tranexamic acid 650 mg tablet**
UDENYCA* (PA)
XYNTHA SOLOFUSE*^ (PA)
XYNTHA*^ (PA)
ZARXIO*^
ZIEXTENZO* (PA)

Blood Pressure/ Heart Medications

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

Blood Thinners/ Anti-Clotting

FRAGMIN* (QL)
PRADAXA PELLET PACK** (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 (**).

Cancer

AKEEGA** (PA, QL)
ALECENSA** (PA, QL)
ALUNBRIG** (PA, QL)
BOSULIF** (PA, QL)
BRAFTOVI** (PA)
BRUKINSA** (PA, QL)
CABOMETYX** (PA)
CALQUENCE** (PA)
COMETRIQ** (PA, QL)
COTELLIC** (PA)
ERIVEDGE** (PA)
ERLEADA** (PA)
EXKIVITY** (PA)
GAVRETO** (PA, QL)
IBRANCE** (PA, QL)
IMBRUVICA** (PA, QL)
INLYTA** (PA)
JAKAFI** (PA, QL)
JAYPIRCA** (PA, QL)
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)
NEXAVAR** (PA, QL)
NINLARO** (PA, QL)
NUBEQA** (PA)
ODOMZO** (PA)
ORGOVYX** (PA)
PHESGO*^ (PA)
PIQRAY** (PA)

RETEVMO** (PA, QL)
REVLIMID** (PA, QL)
ROZLYTREK** (PA)
RUBRACA** (PA, QL)
SCEMBLIX** (PA, QL)
SPRYCEL** (PA, QL)
STIVARGA** (PA, QL)
TAFINLAR** (PA, QL)
TALZENNA** (PA, QL)
TASIGNA** (PA, QL)
VERZENIO** (PA, QL)
VITRAKVI** (PA)
VIZIMPRO** (PA)
XALKORI** (PA, QL)
XTANDI** (PA)
YONSA** (PA)
ZEJULA** (PA, QL)
ZELBORAF** (PA)

Contraceptive Products

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

Diuretics

JYNARQUE** (PA)

Eye Conditions

XDEMZY* (PA, QL)

Gastrointestinal/Heartburn

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

Hormonal Agents

CETROTIDE*^ (PA)
DDAVP AMPULE, VIAL* (PA)
desmopressin ampule, vial*
FENSOLVI*^ (PA)
fyremadel*^ (PA)
GENOTROPIN* (PA)
HUMATROPE* (PA)
LANREOTIDE*^ (PA)
LUPRON DEPOT*^ (PA)
LUPRON DEPOT-PED*^ (PA)
MYCAPSSA** (PA, QL)
NGENLA* (PA)
NORDITROPIN FLEXPOR* (PA)
NUTROPIN AQ NUSPIN* (PA)
OMNITROPE* (PA)
SANDOSTATIN LAR DEPOT*^ (PA)
SIGNIFOR LAR*^ (PA)
SKYTROFA* (PA)
SOGROYA* (PA)
SOMATULINE DEPOT*^ (PA)
SOMAVERT* (PA)
ZOMACTON* (PA)

Infections

ARIKAYCE** (PA)
BARACLUDGE SOLUTION**
BETHKIS** (PA, QL)
DARAPRIM** (PA)
EPCLUSA** (PA, QL)
HARVONI** (PA, QL)
KITABIS PAK** (PA, QL)
LEDIPASVIR-SOFOSBUVIR** (PA, QL)
MAVYRET** (PA, QL)
NUZYRA 150 MG TABLET** (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.)

SOFOSBUVIR-VELPATASVIR** (PA, QL)
SOVALDI** (PA, QL)
TOBRAMYCIN PAK 300 MG/5 ML** (PA, QL)
TOBI PODHALER** (PA, QL)
VEMLIDY**
VOSEVI** (PA, QL)
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)
CINRYZE** (PA)
deferiprone** (PA)
EXSERVAN** (PA)
HAEGARDA* (PA)
INGREZZA INITIATION PACK** (PA, QL)
INGREZZA** (PA)
KUVAN** (PA)

NITYR** (PA)
ORFADIN** (PA)
RADICAVA ORS** (PA, QL)
RUCONEST** (PA)
STRENSIQ* (PA)
TEGSEDI* (PA)
TIGLUTIK** (PA)
VYLEESI** (PA, QL)

Multiple Sclerosis

AVONEX* (PA)
BAFIERTAM** (PA)
BETASERON* (PA)
COPAXONE* (PA)
EXTAVIA* (PA)
FIRDAPSE** (PA, QL)
GILENYA** (PA, QL)
glatopa*
KESIMPTA PEN* (PA)
MAVENCLAD** (PA)
MAYZENT** (PA)
PLEGRIDY* (PA)
PONVORY** (PA)
REBIF REBIDOSE* (PA)
REBIF* (PA)
TASCENSO ODT** (PA, QL)
TECFIDERA** (PA)
VUMERITY** (PA)

Nutritional/Dietary

betaine anhydrous**
CYSTADANE**

Osteoporosis Products

FORTEO* (PA, QL)
TERIPARATIDE 620 MCG/2.48 ML* (PA, QL)

TYMLOS* (PA, QL)

Pain Relief and Inflammatory Disease

ABRILADA(CF) PEN* (PA, QL)
ABRILADA(CF)* (PA, QL)
ACTEMRA ACTPEN, SYRINGE* (PA, QL)
ADALIMUMAB-ADAZ(CF)* (PA, QL)
ADALIMUMAB-ADBM(CF)* (PA, QL)
ADALIMUMAB-FKJP(CF) PEN* (PA, QL)
ADALIMUMAB-FKJP(CF)* (PA, QL)
AMJEVITA(CF)* (PA, QL)
AVSOLA** (PA)
BIMZELX* (PA, QL)
CIMZIA* (PA, QL)
COSENTYX PEN INJECTOR, SYRINGE* (PA, QL)
CYLTEZO(CF) PEN* (PA, QL)
CYLTEZO(CF)* (PA, QL)
DUPIXENT* (PA)
ENBREL* (PA, QL)
HADLIMA(CF)* (PA, QL)
HADLIMA* (PA, QL)
HULIO(CF) PEN* (PA, QL)
HULIO(CF)* (PA, QL)
HUMIRA PEN* (PA, QL)
HUMIRA(CF) PEN* (PA, QL)
HUMIRA(CF)* (PA, QL)
HUMIRA* (PA, QL)
HYRIMOZ(CF) PEN* (PA, QL)
HYRIMOZ(CF)* (PA, QL)
IDACIO(CF) PEN* (PA, QL)
IDACIO(CF)* (PA, QL)
ILUMYA* (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.)

INFLECTRA[^] (PA)
INFLIXIMAB[^] (PA)
KEVZARA* (PA, QL)
KINERET* (PA, QL)
OLUMIANT** (PA, QL)
OMVOH PEN* (PA, QL)
ORENCIA CLICKJECT, SYRINGE* (PA, QL)
OTEZLA** (PA, QL)
REMICADE[^] (PA)
RINVOQ* (PA, QL)
SILIQ* (PA, QL)
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE* (PA, QL)
SIMPONI 50 MG/0.5 ML PEN INJECTOR, SYRINGE* (PA, QL)
SIMPONI ARIA* (PA)
SKYRIZI ON-BODY, PEN, SYRINGE* (PA, QL)
SOTYKTU** (PA, QL)
STELARA 45 MG/0.5 ML SYRINGE, VIAL, 90 MG/ML SYRINGE* (PA, QL)
TALTZ AUTO-INJECTOR, SYRINGE* (PA, QL)
TREMFA* (PA, QL)
VELSIPITY** (PA, QL)
XELJANZ XR** (PA, QL)
XELJANZ** (PA, QL)
YUFLYMA(CF)* (PA, QL)
YUSIMRY(CF) PEN* (PA, QL)
ZEPOSIA** (PA)

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)
XYREM** (PA, QL)
XYWAV** (PA, QL)

Transplant Medications

AZASAN** (PA)
azathioprine tablet** (PA)
CELLCEPT CAPSULE, ORAL SUSPENSION, TABLET**
ENVARBUS XR**
IMURAN**
LUPKYNIS** (PA, QL)
mycophenolate capsule, suspension, tablet**
PROGRAF CAPSULE, GRANULE PACKET** (PA)
RAPAMUNE**
SIROLIMUS**

TACROLIMUS**

Urinary Tract Conditions

THIOLA EC** (PA)
THIOLA** (PA)

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. 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.

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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).