



Cigna Healthcare Performance 3-Tier Prescription Drug List

Coverage as of July 1, 2024

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

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View your drug list online

This document was last updated on 06/01/2024.* 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/druglist.** Select **Performance 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

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

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

Last updated: 06/01/2024, for changes starting 07/01/2024

Next planned update: 09/01/2024, 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 Performance 3-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 anpule, vial* dexamethasone intensol DOTTI (QL) estradiol (once weekly) 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	ANDRODERM (PA, QL) CETROTIDE*^ (PA) COMBIPATCH DUAVEE ESTRING (QL) HUMATROPE* (PA) LUPRON DEPOT* (PA) LUPRON DEPOTPED* (PA) MEDROL 2 MG TABLET MYFEMBREE (PA,QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA,QL) ORLISSA (PA,QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT* (PA) SOMAVERT* (PA)	ACTHAR GEL* (PA) ACTIVELLA ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CORTROPHIN* (PA) FENSOLVI* (PA) INTRAROSA (QL) ISTURISA* (PA,QL) LANREOTIDE* (PA) LUPANETA PACK* (PA) MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MYFEMBREE (QL) OMNITROPE* (PA) PROMETRIUM RAYALDEE SANDOSTATIN LAR DEPOT* (PA) SIGNIFOR LAR* (PA) SUPPRELIN LA* (PA) TESTOPEL (PA) TRIOSTAT TRIPTODUR* (PA)

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

Specialty medications have an asterisk (*) next to them

Brand-name medications are in all capital letters

Generic medications are in all lowercase letters

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare Performance 3-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	(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.

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, specialty medications 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	12, 13
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13
ALZHEIMER'S DISEASE	6	INFECTIONS	13, 14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	15
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15
CANCER	8	PARKINSON'S DISEASE	15
CHOLESTEROL MEDICATIONS	8, 9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
CONTRACEPTION PRODUCTS	9, 10	SEIZURE DISORDERS	16
COUGH/COLD MEDICATIONS	10	SKIN CONDITIONS	16
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	16
DIABETES	11, 12	SMOKING CESSATION	16
DIURETICS	12	SUBSTANCE ABUSE	16
EAR MEDICATIONS	12	TRANSPLANT MEDICATIONS	16
ERECTILE DYSFUNCTION	12	URINARY TRACT CONDITIONS	16
EYE CONDITIONS	12	VACCINES	17
FEMININE PRODUCTS	12	WEIGHT MANAGEMENT	17

Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

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

ALLERGY/NASAL SPRAYS

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

ALZHEIMER'S DISEASE

donepezil	ADLARITY (PA, QL)	ARICEPT
donepezil odt		NAMENDA
memantine		NAMENDA XR (QL)
memantine er (QL)		NAMZARIC (QL)
pyridostigmine		regonol
pyridostigmine er		

ANXIETY/DEPRESSION/BIPOLAR DISORDER²

bupropion (QL)	TRINTELLIX	EMSAM (QL)
bupropion sr 150 mg (QL)		FETZIMA (QL, ST)
bupropion xl 150 mg, 300 mg tablet (QL)		SPRAVATO* (PA)
buspirone		
citalopram 10mg/ 5 ml solution (QL)		
citalopram tablet (QL)		
desvenlafaxine er (QL)		

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

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)		

ASTHMA/COPD/RESPIRATORY

albuterol	ADEMPAS* (PA)	AIRDUO DIGIHALER (QL, ST)
albuterol hfa 90 mcg inhaler (QL)	ADVAIR HFA (QL)	ARALAST NP* (PA)
breyna (QL)	ALVESCO	BRONCHITOL* (PA)
budesonide-formoterol (QL)	ANORO ELLIPTA (QL)	GLASSIA* (PA)
fluticasone-ASMENEX (QL)	ASMENEX (QL)	ORENITRAM ER* (PA)
fluticasone-ASMENEX HFA (QL)	ASMENEX HFA (QL)	ORENITRAM TITRATION KIT* (PA, QL)
salmeterol 100-50, 250-50, 500-50 (QL)	ATROVENT HFA (QL)	PROLASTIN C* (PA)
montelukast	BREO ELLIPTA (QL)	SINGULAIR
treprostinil* (PA)	BREZTRI	TYVASO DPI* (PA)
wixela inhub (QL)	AEROSPHERE (QL)	
	COMBIVENT RESPIMAT (QL)	
	DULERA (QL)	
	FASENRA PEN* (PA)	
	FASENRA* (PA)	
	INCRUSE ELLIPTA	
	NUCALA AUTO-INJECTOR, SYRINGE* (PA)	
	OFEV* (PA)	
	OPSUMIT* (PA)	
	QVAR REDHALER	
	SPIRIVA HANDIHALER (QL)	
	SPIRIVA RESPIMAT (QL)	
	STIOLTO RESPIMAT (QL)	
	STRIVERDI RESPIMAT (QL)	
	TEZSPIRE* (PA, QL)	
	TRACLEER 32 MG TABLET FOR SUSPENSION* (PA)	

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	TRELEGY ELLIPTA (QL) UPTRAVI TABLET, TITRATION PACK* (PA) XOLAIR 75 MG/0.5 ML, 150 MG/ML SYRINGE, POWDER VIAL* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atomoxetine (QL) dexamethylphenidate (PA) dexamethylphenidate er (PA, QL) dextroamphetamine-amphetamine (PA) dextroamphetamine-amphetamine er (PA, QL) guanfacine er methylphenidate (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate er (la) (PA, QL) methylphenidate er 10 mg capsule, tablet (PA, QL) methylphenidate er 15 mg capsule (PA, QL) methylphenidate er 18 mg tablet (PA, QL) methylphenidate er 20 mg capsule, tablet (PA, QL) methylphenidate er 27 mg tablet (PA, QL) methylphenidate er 30 mg capsule (PA, QL)		ADDERALL (PA, ST) ADZENYS XR-ODT (PA, QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA, ST) METHYLIN (PA) MYDAYIS (PA, QL) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA, ST) VYVANSE (PA, QL) XELSTRYM (PA, QL)

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
methylphenidate er 36 mg tablet (PA, QL) methylphenidate er 40 mg capsule (PA, QL) methylphenidate er 50 mg capsule (PA, QL) methylphenidate er 54 mg tablet (PA, QL) methylphenidate er 60 mg capsule (PA, QL) methylphenidate la (PA, QL)		

BLOOD MODIFIERS/BLEEDING DISORDERS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
tranexamic acid 650 mg tablet*	ADYNOVATE* (PA) AFSTYLA* (PA) ALTUVIIIIO* (PA) ARANESP* (PA) ELOCTATE* (PA) EMPAVELI* (PA) EPOGEN* (PA) ESPEROCT* (PA) FABHALTA* (PA, QL) JIVI* (PA) KOGENATE FS* (PA) KOVALTRY* (PA) NEULASTA ONPRO* (PA) NEULASTA* (PA) NIVESTYM* NOVOEIGHT* (PA) NYVEPRIA* (PA) PROCRT* (PA) RETACRIT* (PA) SOLIRIS* (PA) UDENYCA* (PA) ZARXIO*	ADVATE* (PA) CYKLOKAPRON* DOPTELET* (PA) FULPHILA* (PA) FYLNETRA* (PA) GRANIX* (PA) MIRCERA* (PA) NEUPOGEN* (PA) NUWIQ* (PA) PROMACTA* (PA) RECOMBINATE* (PA) STIMUFEND* (PA) TAVALISSE* (PA) UDENYCA AUTO-INJECTOR, ON-BODY, SYRINGE* (PA) ULTOMIRIS* (PA) XYNTHA SOLOFUSE* (PA) XYNTHA* (PA) ZIEXTENZO* (PA)

BLOOD PRESSURE/HEART MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amlodipine amlodipine-valsartan atenolol cartia xt carvedilol carvedilol er (QL)	CORLANOR 5 MG/5 ML ORAL SOLUTION* (PA) ENTRESTO (QL) NORLIQVA (PA, QL) TEKTURNA HCT VERQUVO (PA, QL)	AVAPRO (ST) BIDIL (QL) CARDIZEM LA (QL) COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) HYZAAR (ST)

Cigna Healthcare Performance 3-Tier Prescription Drug List

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

clonidine		LABETALOL 10 MG/ 2 ML SYRINGE
diltiazem tablet		MICARDIS (QL, ST)
diltiazem 12hr er		MICARDIS HCT 40- 12.5 MG TABLET (QL, ST)
diltiazem 24hr er		MICARDIS HCT 80-12.5 MG, 80-25 MG TABLET (QL)
diltiazem 24hr er (cd)		NITROSTAT
diltiazem 24hr er (la) (QL)		NORVASC
diltiazem 24hr er (xr)		ORLADEYO* (PA, QL)
dilt xr		RELEUKO* (PA)
flecainide		TAKHZYRO* (PA)
irbesartan		TIAZAC
lisinopril		VALSARTAN 4 MG/ ML SOLUTION (ST)
lisinopril-hctz		ZESTORETIC (ST)
losartan		ZESTRIL (ST)
losartan-hctz		
matzim la		
metoprolol tablet		
metoprolol er		
olmesartan (QL)		
olmesartan- amlodipine-hctz		
olmesartan-hctz (QL)		
propranolol solution, tablet		
propranolol er		
taztia xt		
telmisartan (QL)		
tiadylt er		
valsartan tablet		
valsartan-hctz		

BLOOD THINNERS/ANTI-CLOTTING

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

anastrozole+	ALECENSA* (PA, QL)	AKEEGA* (PA, QL)
exemestane+	BRUKINSA* (PA, QL)	ARIMIDEX
methotrexate	CABOMETYX* (PA)	AROMASIN
methotrexate	CALQUENCE* (PA)	BOSULIF* (PA, QL)
tamoxifen+	COTELLIC* (PA)	BRAFTOVI* (PA)
	ERIVEDGE* (PA)	COMETRIQ* (PA, QL)

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

	ERLEADA* (PA)	ELIGARD*
	IMBRUVICA* (PA, QL)	EXKIVITY* (PA)
	KANJINTI* (PA)	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)
	MVASI* (PA)	LORBRENA* (PA, QL)
	NUBEQA* (PA)	LUMAKRAS* (PA, QL)
	OGIVRI* (PA)	MEKINIST* (PA, QL)
	REVLIMID* (PA, QL)	MEKTOVI* (PA, QL)
	RIABNI* (PA)	NINLARO* (PA, QL)
	RUBRACA* (PA, QL)	ODOMZO* (PA)
	RUXIENCE* (PA)	ONTRUZANT* (PA)
	SPRYCEL* (PA, QL)	ORGOVYX* (PA)
	TRAZIMERA* (PA)	PHESGO* (PA)
	VERZENIO* (PA, QL)	PIQRAY* (PA)
	XTANDI* (PA)	RETEVMO* (PA, QL)
	ZEJULA* (PA, QL)	ROZLYTREK* (PA)
	ZELBORAF* (PA)	STIVARGA* (PA, QL)
	ZIRABEV* (PA)	TAFINLAR* (PA, QL)
		TALZENNA* (PA, QL)
		TASIGNA* (PA, QL)
		VITRAKVI* (PA)
		VIZIMPRO* (PA)
		XALKORI* (PA, QL)

CHOLESTEROL MEDICATIONS

atorvastatin 40 mg, 80 mg	NEXLETOL (PA, QL) NEXLIZET (PA, QL)	CADUET (QL)
atorvastatin 10 mg, 20 mg+	REPATHA (PA)	LIPOFEN (ST)
ezetimibe	VASCEPA (PA)	TRICOR (ST)
FENOFIBRATE		ZETIA
fluvastatin er+		
fluvastatin+		
icosapent ethyl		
lovastatin 20 mg, 40 mg		
lovastatin 10 mg		
pitavastatin+ (QL)		
pravastatin+		
rosuvastatin 20 mg, 40 mg (QL)		
rosuvastatin 5 mg, 10 mg+ (QL)		

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

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

CONTRACEPTION PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
afirmelle+ altavera+ alyacen+ amethia+ amethyst+ apri+ aranelle+ ashlyna+ aubra eq+ aubra+ aurovela 24 fe+ aurovela fe+ aurovela+ aviane+ ayuna+ azurette+ balziva+ blisovi 24 fe+ blisovi fe+ briellyn+ camila+ camrese lo+ camrese+ caziant+ charlotte 24 fe+ chateal eq+ chateal+ cryselle+ cyred eq+ cyred+ dasetta+ daysee+ deblitane+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol ethinyl estradiol+ dolishale+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ elinest+	LO LOESTRIN FE	ANNOVERA BALCOLTRA BEYAZ CAYA CONTOURED+ ELLA+ FEMCAP+ KYLEENA*+ layolis fe+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE MIRENA*+ NATAZIA NEXPLANON*+ NEXTSTELLIS NUVARING PARAGARD T 380- A*+ SAFYRAL SKYLA*+ SLYND TAYTULLA TWIRLA+ TYBLUME WIDE SEAL DIAPHRAGM+ YASMIN 28 YAZ

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

eluryng+
emzahn+
enilloring+
enpresse+
enskyce+
errin+
estarylla+
ethynodiol-ethinyl
estradiol+
etonogestrel-
ethinyl estradiol+
falmina+
finzala+
gemmily+
hailey 24 fe+
hailey fe+
hailey+
haloette+
heather+
iclevia+
incassia+
isibloom+
jaimiess+
jasmiel+
jencycla+
jolessa+
joyeaux+
juleber+
junel fe 24+
junel fe+
junel+
kaitlib fe+
kalliga+
kariva+
kelnor 1-35+
kelnor 1-50+
kurvelo+
larin 24 fe+
larin fe+
larin+
leena+
lessina+
levonest+
levonorgestrel-
ethinyl estradiol+
levonorgestrel-
ethinyl estradiol
ethinyl estradiol+
levonorgestrel-
ethinyl estradiol-fe
bisglycinate+

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

levora-28+
lojaimiess+
loryna+
low-ogestrel+
lo-zumandimine+
lutra+
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+
reclipsen+
rivelsa+
setlakin+
sharobel+
simliya+
simpesse+

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

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

COUGH/COLD MEDICATIONS

brompheniramine- pseudoephedrine -dm hydrocodone- chlorpheniramine er (PA) promethazine-dm		TUZISTRA XR (PA, QL)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DENTAL PRODUCTS

chlorhexidine	PREVIDENT 5000	CLINPRO 5000
doxycycline hyclate	PREVIDENT 5000	FLORIVA 0.25 MG/ ML DROPS+
FLUORIDEX DAILY DEFENSE 1.1%	DRY MOUTH	FLUORIDEX
oralone	PREVIDENT 5000	SENSITIVITY RELIEF
periogard	ENAMEL PROTECT	JUST RIGHT 5000
triamcinolone	PREVIDENT 5000	PERIDEX
	ORTHO DEFENSE	PREVIDENT 0.2%
	PREVIDENT 5000	RINSE
	SENSITIVE	PREVIDENT 1.1%
		GEL
		PREVIDENT 5000 PLUS CREAM

DIABETES

ACCU-CHEK	ACCU-CHEK GUIDE	CONTOUR METER
ACCU-CHEK	ME GLUCOSE	CONTOUR NEXT
CONTROL	METER	METER
SOLUTION	ACCU-CHEK GUIDE	CYCLOSET
ACCU-CHEK	MONITOR SYSTEM	FREESTYLE
FASTCLIX	BAQSIMI (QL)	FREEDOM LITE
LANCING DEVICE	BYDUREON BCISE	FREESTYLE
ADVOCATE	(PA, QL)	INSULINX
SYRINGE	BYETTA (PA, QL)	GLUCOSE SYSTEM
ASSURE ID INSULIN	CEQUR SIMPLICITY	FREESTYLE LITE
SAFETY	CEQUR SIMPLICITY	METER
BD AUTOSHIELD	INSERTER	GLUCAGEN
DUO PEN NEEDLE	DEXCOM G6	DIAGNOSTIC VIAL
BD ECLIPSE	RECEIVER (PA, QL)	GLUCAGON
30GX1/2" SYRINGE	DEXCOM G6	EMERGENCY KIT
BD INSULIN PEN	SENSOR (PA, QL)	(QL)
NEEDLE, SYRINGE	DEXCOM G6	GLUCOCARD
BD LUER-LOK	TRANSMITTER (PA,	EXPRESSION
SYRINGE 1 ML	QL)	METER
CARETOUCH	DEXCOM G7	GLUCOCARD SHINE
INSULIN SYRINGE	RECEIVER (PA, QL)	METER
COMFORT EZ	DEXCOM G7	GLUCOCARD VITAL
INSULIN SYRINGE	SENSOR (PA, QL)	METER KIT
DROPLET GENTEEL	FARXIGA (QL, ST)	GVOKE (QL)
LANCING DEVICE	FREESTYLE LIBRE	PARADIGM
DROPLET INSULIN	14 DAY READER,	RESERVOIR 3 ML
SYRINGE	SENSOR (PA, QL)	POGO AUTOMATIC
EASY COMFORT	FREESTYLE LIBRE 2	BLOOD GLUCOSE
INSULIN SYRINGE	READER, SENSOR	SYSTEM
EASY GLIDE	(PA, QL)	PRECISION XTRA
INSULIN SYRINGE	FREESTYLE LIBRE 3	KETONE-GLUCOSE
EASY TOUCH	SENSOR (PA, QL)	KIT, MONITOR
INSULIN SAFETY	GLUCAGEN	
	HYPOKIT(QL)	

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

EASY TOUCH	GLYXAMBI (QL, ST)	TRUE METRIX
FLIPLOCK INSULIN	HUMALOG (QL)	BLOOD GLUCOSE
EASY TOUCH	HUMULIN 70/30	METER
INSULIN SYRINGE	KWIKPEN (QL)	TRUE METRIX
EASY TOUCH LUER	HUMULIN 70-30	BLOOD GLUCOSE
LOCK INSULIN	(QL)	MTR
EASY TOUCH	HUMULIN N (QL)	ULTIGUARD
SHEATHLOCK	HUMULIN N	SAFEPACK
INSULIN	KWIKPEN (QL)	SYRINGE
EASY TOUCH UNI-	HUMULIN R (QL)	
SLIP SYRINGE 1 ML	HUMULIN R U-500	
EASY-TOUCH	KWIKPEN (QL)	
INSULIN SYRINGE	INSULIN GLARGINE-	
FREESTYLE	YFGN (QL)	
PRECISION	INSULIN LISPRO	
GUARDIAN RT	(QL)	
CHARGER	INSULIN LISPRO	
GUARDIAN TEST	JUNIOR KWIKPEN	
PLUG	(QL)	
HEALTHWISE	INSULIN LISPRO	
INSULIN SYRINGE	KWIKPEN (QL)	
INPEN (FOR	INSULIN LISPRO	
HUMALOG)	PROTAMINE MIX	
INPEN (FOR	(QL)	
NOVOLOG OR	JANUMET (QL, ST)	
FIASP)	JANUMET XR (QL,	
INSULIN SYRINGE	ST)	
LITETOUCH	JANUVIA (QL, ST)	
INSULIN SYRINGE	JARDIANCE (QL, ST)	
MAGELLAN	LYUMJEV (QL)	
INSULIN SYRINGE	LYUMJEV TEMPO	
MAXICOMFORT	PEN U-100 (QL)	
INSULIN SYRINGE	MOUNJARO (PA,	
metformin 500	QL)	
mg/5ml solution	OMNIPOD 5 G6	
metformin 500 mg,	INTRO KIT (GEN 5)	
850 mg, 1000 mg	(QL)	
tablet	OMNIPOD 5 G6	
metformin 500	PODS (GEN 5) (QL)	
mg/5 ml, 850	OMNIPOD CLASSIC	
mg/8.5 ml cup	PDM KIT(GEN 3)	
metformin er	(QL)	
MICROLET 2	OMNIPOD CLASSIC	
MICROLET NEXT	PODS (GEN 3) (QL)	
LANCING DEVICE	OMNIPOD DASH	
MONOJECT	INTRO KIT (GEN 4)	
MONOJECT	(QL)	
INSULIN SYRINGE		

Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont.)		
NANO 2 GEN PEN NEEDLE PARADIGM RESERVOIR 1.8 ML PRO COMFORT INSULIN SYRINGE PRODIGY INSULIN SYRINGE SAFESNAP INSULIN SYRINGE SAFETYGLIDE INSULIN SYRINGE SURE COMFORT INSULIN SYRINGE SURE-JECT INSULIN SYRINGE TECHLITE INSULIN SYRINGE TERUMO INSULIN SYRINGE THINPRO INSULIN SYRINGE TOPCARE ULTRA COMFORT TRUE COMFORT INSULIN SYRINGE TRUEPLUS INSULIN SYRINGE ULTICARE INSULIN SYRINGE ULTILET INSULIN SYRINGE ULTRA COMFORT ULTRA FLO INSULIN SYRINGE ULTRACARE INSULIN SYRINGE ULTRA-FINE PEN NEEDLE VANISHPOINT INSULIN SYRINGE VEO INSULIN SYRINGE	OMNIPOD DASH PODS (GEN 4) (QL) OMNIPOD GO PODS (QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO FLEX METER ONETOUCH VERIO REFLECT METER ONETOUCH ULTRA TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SEMGLEE (YFGN) (QL) SEMGLEE (YFGN) PEN (QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (QL, ST) TRULICITY (PA, QL) V-GO 20, 30, 40 XIGDUO XR (QL, ST) ZEGALOGUE AUTO- INJECTOR (QL) ZEGALOGUE SYRINGE (QL)	
DIURETICS		
chlorthalidone eplerenone	CAROSPIR SUSPENSION (PA)	JYNARQUE* (PA) MAXZIDE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIURETICS (cont.)		
furosemide solution, tablet hydro- chlorothiazide spironolactone triamterene-hctz	KERENDIA (PA, QL)	
EAR MEDICATIONS		
ciprofloxacin- dexamethasone neomycin- polymyxin-hc ofloxacin	CIPRO HC	CIPROFLOXACIN- FLUOCINOLONE OTOVEL
ERECTILE DYSFUNCTION		
sildenafil (QL) tadalafil (QL)	MUSE (QL)	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 MIEBO (QL) SIMBRINZA TOBRADEX EYE OINTMENT TOBRADEX ST XDEMZY* (PA, QL) XIIDRA ZERVIAE	ACUVAIL ALREX BYOOVIZ* (PA) CIMERLI* (PA) ILEVRO LUCENTIS* (PA) PROLENSA RHOPRESSA ROCKLATAN ZIRGAN ZYLET
FEMININE PRODUCTS		
GYNAZOLE 1 miconazole 3 200 mg suppository terconazole		
GASTROINTESTINAL/HEARTBURN		
dicyclomine capsule, solution, tablet	CLENPIQ+ LINZESS	BONJESTA CARAFATE CUVPOSA

Cigna Healthcare Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont.)

esomeprazole capsule, packet (QL)	LITHOSTAT	DICLEGIS
famotidine piggyback, suspension, 20 mg, 40 mg tablet, vial	NEXIUM DR 2.5 MG, 5 MG PACKET (QL)	MOTOFEN
gavilyte-c+ gavilyte-g+ gavilyte-n+ lubiprostone mesalamine mesalamine dr mesalamine er metoclopramide omeprazole capsule (QL) ondansetron ondansetron odt pantoprazole (QL) peg 3350-electrolyte+ peg-3350 and electrolytes+ peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid+ peg-prep+ sodium sulfate-potassium sulfate-magnesium sulfate+	PANCREAZE PHEBURANE* (PA, QL) SUFLAVE+ SUTAB+ TRULANCE VIBERZI	MOVANTIK (PA) OLPRUVA* (PA) PROTONIX SUSPENSION, TABLET (QL, ST) PROTONIX IV RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SYMPROIC (PA) VARUBI (PA, QL) VIOKACE VOWST* (PA, QL)

HORMONAL AGENTS

desmopressin solution, spray, tablet	ANDRODERM (PA, QL)	ACTHAR* (PA)
desmopressin ampule, vial* dott (QL)	CETROTIDE*^ (PA)	ACTIVEVILLA
estradiol (once weekly) estradiol (QL)	COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL FENSOLVI* (PA) GENOTROPIN* (PA)	ANDROGEL (PA, QL) ANGELIQ BIJUVA CORTROPHIN* (PA) CRINONE (PA) CYTOMEL DEPO-TESTOSTERONE

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

estradiol (twice weekly) (QL)	LUPRON DEPOT* (PA)	EVAMIST
euthyrox	LUPRON DEPOT-PED* (PA)	INTRAROSA (QL)
fyremadel*^ (PA)	MYFEMBREE (PA, QL)	LANREOTIDE* (PA)
levo-t levothyroxine tablet	OMNITROPE* (PA)	MEDROL
liothyronine tablet	ORIAHNN (PA, QL)	MENOSTAR (QL)
liothyronine 10 mcg/ml vial	ORILISSA (PA, QL)	OSPHENA (QL)
levoxyl	PREMARIN	RAYALDEE
lyllana (QL)	PREMPHASE	SANDOSTATIN LAR DEPOT* (PA)
methyl-prednisolone dosepack, tablet	PREMPRO	SIGNIFOR LAR* (PA)
np thyroid	SKYTROFA* (PA)	SUPPRELIN LA* (PA)
progesterone capsule, progesterone 500 mg/10 ml vial*	SOMATULINE DEPOT* (PA)	TRIOSTAT
prednisone intensol	SOMAVERT* (PA)	unithroid
progesterone testosterone (PA, QL)	TRIPTODUR* (PA)	
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml		
yuvafem (QL)		

INFECTIONS

acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
amoxicillin	EPCLUSA* (PA, QL)	ARIKAYCE* (PA)
amoxicillin-clavulanate	HARVONI* (PA, QL)	BAXDELA (PA)
amoxicillin-clavulanate er	LAGEVRIO (EUA) (QL)	BEYFORTUS+ BICILLIN L-A
azithromycin packet, suspension, tablet	PAXLOVID (EUA) (QL)	BILTRICIDE
cefdinir	PAXLOVID (QL)	DARAPRIM* (PA)
cephalexin	SOVALDI* (PA, QL)	DIFICID (QL)
doxy 100 mg vial	TOBI PODHALER* (PA, QL)	e.e.s. 400
	VEMLIDY*	ERYPED 200
	VOSEVI* (PA, QL)	KITABIS PAK* (PA, QL)
	XIFAXAN (QL)	MACROBID
		MACRODANTIN
		NUZYRA* (PA, QL)

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INFECTIONS (cont.)

EMVERM fluconazole suspension, tablet hydroxy- chloroquine metronidazole tablet, vaginal gel nitrofurantoin oseltamivir (QL) posaconazole suspension, tablet praziquantel sulfamethoxazole suspension, tablet valacyclovir vandazole		PLAQUENIL (PA) SIVEXTRO (PA) sulfatrim TAMIFLU (QL) TOBRAMYCIN PAK 300 MG/5 ML* (PA, QL) VALTREX VIVJOA (PA) XENLETA TABLET (PA, QL) XOFLUZA (QL) ZEPATIER* (PA, QL) ZITHROMAX ZITHROMAX TRI- PAK ZYVOX (PA)
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INFERTILITY

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

ACCU-CHEK FASTCLIX LANCET DRUM ACCU-CHEK SOFTCLIX deferiprone* (PA) DROPLET LANCET MICROLET ONETOUCH LANCET sodium chloride SOFT TOUCH LANCET	CERDELGA* (PA) NITYR* (PA) STRENSIQ* (PA)	ADDYI (QL) AUSTEDO XR TITRATION KIT* (PA, QL) AUSTEDO XR* (PA, QL) AUSTEDO* (PA) CARBAGLU* CEREZYME* (PA) CINRYZE* (PA) DYSPORE* (PA) ELFABRIO* (PA) HAEGARDA* (PA) INGREZZA INITIATION PACK* (PA, QL) INGREZZA* (PA) KETONE TEST STRIP KETOSTIX REAGENT NUEDEXTA (QL)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS (cont.)

		ORFADIN* (PA) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA RADICAVA ORS* (PA, QL) RUCONEST* (PA) TEGSEDI* (PA) TIGLUTIK* (PA) TRUEPLUS KETONE TEST STRIP VEOZAH (QL) VYLEESI* (PA, QL) VYVGART HYTRULO* (PA)
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MULTIPLE SCLEROSIS

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

betaine anhydrous* ludent fluoride+ multi-vitamin w-fluoride-iron+ multivitamin with fluoride+ multivitamin-iron- fluoride+ sodium fluoride chewable tablet, drops+ tri-vitamin with fluoride+ tri-vite with fluoride+ vitamin d2 1.25 mg (50,000 unit) vitamins a,c,d and fluoride+	LOKELMA NEEVODHA OB COMPLETE SOFTGEL, TABLET PRENATE CHEWABLE PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE TRI-VI-FLOR+ VELPHORO VELTASSA	ACCRUFER AURYXIA (QL) CYSTADANE* DRISDOL EFFER-K FLORIVA+ MONOFERRIC (PA) mvc-fluoride+ OB COMPLETE PHOSLYRA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ QUFLORA PEDIATRIC 0.25 MG/ML DROPS, 0.5 MG/ ML DROPS, 1 MG CHEWABLE TABLET+
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Cigna Healthcare Performance 3-Tier Prescription Drug List

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OSTEOPOROSIS PRODUCTS

alendronate		ACTONEL (ST)
ibandronate tablet		ATELVIA (ST)
ibandronate 3 mg/3 ml syringe, vial*		BINOSTO (ST)
raloxifene+		EVISTA
risedronate		FOSAMAX (ST)
risedronate dr		PROLIA* (PA)

PAIN RELIEF AND INFLAMMATORY DISEASE

allopurinol tablet	ACTEMRA ACTPEN, SYRINGE* (PA, QL)	BIMZELX AUTO-INJECTOR,
buprenorphine film, patch (QL)	ACTEMRA VIAL* (PA)	SYRINGE* (PA, QL)
celecoxib (QL)	ADALIMUMAB-ADAZ(CF) PEN* (PA, QL)	BUTRANS (QL)
colchicine	ADALIMUMAB-ADAZ(CF)* (PA, QL)	CELEBREX (QL, ST)
cyclobenzaprine	ADALIMUMAB-ADBM(CF)* (PA, QL)	COSENTYX PEN INJECTOR,
diclofenac tablet	ADALIMUMAB-ADBM(CF)PEN* (PA, QL)	SYRINGE* (PA, QL)
diclofenac er	ADALIMUMAB-AIMOVI AUTO-INJECTOR (PA)	GEL-ONE* (PA)
ec-naproxen	AJOVY AUTO-INJECTOR,	GENVISC 850* (PA)
endocet (PA)	SYRINGE (PA)	HYALGAN* (PA)
hydrocodone-acetaminophen (PA)	AVSOLA* (PA)	HYMOVIS* (PA)
ibu 400 mg, 600 mg, 800 mg tablet	BELBUCA (QL)	ILUMYA* (PA, QL)
ibuprofen	CIMZIA* (PA, QL)	KEVZARA* (PA, QL)
suspension, 400 mg, 600 mg, 800 mg tablet	CYLTEZO(CF) PEN* (PA, QL)	KINERET* (PA, QL)
lidocaine 5% patch, ointment, 2% solution (QL)	CYLTEZO(CF)* (PA, QL)	MONOVISC* (PA)
meloxicam tablet	DUPIXENT* (PA)	NUCYN TA ER (PA)
methocarbamol 500 mg, 700 mg tablet	DUROLANE* (PA)	OLUMIANT* (PA, QL)
oxycodone (PA)	EMGALITY (PA)	ORENCIA
OXYCODONE ER (PA)	ENBREL* (PA, QL)	CLICKJECT,
oxycodone-acetaminophen (PA)	EUFLEXXA* (PA)	SYRINGE* (PA, QL)
prolate tablet (PA)	FLECTOR (PA, QL)	ORENCIA VIAL* (PA)
sumatriptan (QL)	GELSYN-3* (PA)	ORTHOVISC* (PA)
	HUMIRA PEN* (PA, QL)	OXAYDO (PA)
	HUMIRA(CF) PEN* (PA, QL)	RENFLEXIS* (PA)
	HUMIRA(CF)* (PA, QL)	ROXYBOND (PA)
	HUMIRA* (PA, QL)	SILIQ* (PA, QL)
		SIMPONI 50 MG/0.5 ML PEN INJECTOR,
		SYRINGE* (PA, QL)
		SOTYKTU* (PA, QL)
		SUPARTZ FX* (PA)
		SYNOJOYNT* (PA)
		SYNVISC* (PA)
		SYNVISC-ONE* (PA)
		TRILURON* (PA)
		TRIVISC* (PA)
		VISCO-3* (PA)

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

	HYRIMOZ(CF) PEN* (PA, QL)	
	HYRIMOZ(CF)* (PA, QL)	
	HYSINGLA ER (PA)	
	INFLECTRA* (PA)	
	LICART (PA, QL)	
	MITIGARE	
	NUCYN TA (PA)	
	NURTEC ODT (PA, QL)	
	OMVOH PEN* (PA, QL)	
	OMVOH VIAL* (PA)	
	OTEZLA* (PA, QL)	
	OTREXUP (PA)	
	PROCTOFOAM-HC	
	QULIPTA (PA, QL)	
	RINVOQ* (PA, QL)	
	SAVELLA	
	SIMPONI 100 MG/ML PEN INJECTOR,	
	SYRINGE* (PA, QL)	
	SIMPONI ARIA* (PA)	
	SKYRIZI* (PA, QL)	
	SKYRIZI VIAL* (PA)	
	STELARA* (PA, QL)	
	STELARA 130 MG/26 ML VIAL* (PA)	
	TALTZ AUTO-INJECTOR,	
	SYRINGE* (PA, QL)	
	TREMFYA* (PA, QL)	
	TRUDHESA (PA, QL)	
	UBRELVY (PA, QL)	
	XELJANZ XR* (PA, QL)	
	XELJANZ* (PA, QL)	
	XTAMPZA ER (PA)	
	ZAVZPRET (PA, QL)	
	ZEPOSIA* (PA)	
	ZTLIDO	

PARKINSON'S DISEASE

carbidopa-levodopa-entacapone		APOKYN* (PA)
pramipexole		INBRIJA* (PA)
pramipexole er (QL)		MIRAPEX ER (QL)
ropinirole		NEUPRO
ropinirole er		NOURIANZ* (PA, QL)
		RYTARY
		STALEVO
		XADAGO (ST)

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SCHIZOPHRENIA/ANTI-PSYCHOTICS²

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

clonazepam gabapentin levetiracetam solution, tablet lamotrigine lamotrigine (blue, green, orange) lamotrigine er lamotrigine odt lamotrigine odt (orange) levetiracetam soln, tab levetiracetam er oxcarbazepine pregabalin capsule, solution roweepa subvenite subvenite (blue, green orange) topiramate er (QL)	FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT 10 MG/ML SOLUTION	APTIOM (PA, QL) BRIVIACT (PA) CARBATROL (PA) DILANTIN (PA) EPIDIOLEX* (PA) LYRICA SOLUTION (PA) NEURONTIN (PA) ONFI (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) VIMPAT TABLET, VIAL (PA) XCOPRI (PA, QL)
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SKIN CONDITIONS

amnesteem azelaic acid claravis clindacin etz 1% pledget clindacin p 1% pledget clindamycin	ADBRY* (PA) CIBINQO* (PA, QL) EUCRISA (ST) NAFTIN PRAMOSONE 1% LOTION SANTYL (QL)	ABSORICA ACZONE 7.5% GEL PUMP BRYHALI (ST) CAPEX SHAMPOO (ST) CLEOCIN T CLODERM (ST)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont.)

DROPSAFE PREP PAD halobetasol isotretinoin mupirocin 2% ointment myorisan tretinoin (PA age) triderm zenatane		EVOCLIN LITFULO* (PA, QL) OPZELURA (PA) PRAMOSONE 2.5%-1% LOTION REGRANEX (PA, QL) SOOLANTRA TACLONEX SUSPENSION TWYNEO VECTICAL (QL) XEPI
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SLEEP DISORDERS/SEDATIVES

doxepin (QL) eszopiclone zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	LUMRYZ* (PA, QL) SODIUM OXYBATE* (PA, QL) WAKIX* (PA, QL) XYWAV* (PA, QL)
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SMOKING CESSATION²

bupropion sr 150 mg+ varenicline+	NICOTROL NS+ NICOTROL+	
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SUBSTANCE ABUSE

buprenorphine buprenorphine-naloxone naloxone (QL) naltrexone (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	BRIXADI* OPVEE (QL) SUBLOCADE* SUBOXONE ZIMHI (QL)
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TRANSPLANT MEDICATIONS

mycophenolate capsule, suspension, tablet* sirolimus* tacrolimus*	CELLCEPT VIAL *	CELLCEPT CAPSULE, ORAL SUSPENSION, TABLET* ENVARUSUS XR* IMURAN* LUPKYNIS* (PA, QL) RAPAMUNE*
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URINARY TRACT CONDITIONS

finasteride oxybutynin 5 mg tablet, solution oxybutynin er potassium er tamsulosin tolterodine tolterodine er (QL)		FLOMAX PYRIDIDIUM UROCIT-K
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Cigna Healthcare Performance 3-Tier Prescription Drug List

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

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

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

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.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		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 20 PRIORIX+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ ROTARIX+ ROTATEQ+ SHINGRIX+ (QL) SPIKEVAX+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+

WEIGHT MANAGEMENT

megestrol		
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Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. Why do you make changes to the drug list?

A. We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

- **Moving a medication to a lower cost tier.**
This can happen at any time during the year.
- **Moving a brand medication to a higher cost tier when a generic becomes available.**
This can happen at any time during the year.
- **Moving a medication to a higher cost tier and/or no longer covering a medication.**
This typically happens twice a year on January 1st and July 1st.
- **Adding extra coverage requirements to a medication.**

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

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

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

There are also certain medications and products that can't be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through

the coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs preapproval from Cigna Healthcare. Because you didn't get approval ahead of time, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna Healthcare to start the coverage review process. Or, you can choose to pay the medication's full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

Q. What happens if I try to fill a prescription that has a quantity limit?

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will have to contact Cigna Healthcare and ask us to approve a larger amount.

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

A. Yes.

Frequently Asked Questions (FAQs) (cont.)

Q. Does my plan cover medications that the FDA recently approved?

A. We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through the coverage review process.

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

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

Q. What are preventive medications?

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

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

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

you get to the pharmacy counter – or, even before you leave your doctor's office.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.

Frequently Asked Questions (FAQs) (cont.)

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

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

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

Q. Can I fill my prescriptions by mail?

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

- 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**.

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

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 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).