



Cigna Healthcare Performance 3-Tier Prescription Drug List

Coverage as of January 1, 2025



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View your drug list online

This document was last updated on 08/01/2024.* Go online to get real-time information about the medications your plan covers.

- **Cigna.com/druglist.** Select **Performance 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.
- **myCigna® App¹ or myCigna.com®.** As soon as your new plan year starts, log into your account and use the Price a Medication tool.

Questions?

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

* Drug list originally created: 01/01/2004

Last updated: 08/01/2024, for changes
starting 01/01/2025

Next planned update: 03/01/2025, for
changes starting 07/01/2025

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 January 1, 2025. Medications are listed alphabetically by the condition they treat.

The drug list is updated on a regular basis, so this document doesn't show all of the medications your plan covers. Also, your plan may not cover every medication on this list. Log in to the **myCigna App** or **myCigna.com** to see the most up-to-date list of covered medications.

How to read this drug list

Use the chart below to understand how medications are covered.*

| BLOOD PRESSURE/HEART MEDICATIONS | | | |
|----------------------------------|------|--------|--|
| Medication | Tier | Notes | |
| amlodipine | 1 | | Medications are grouped by the condition they treat |
| amlodipine-valsartan | 1 | | |
| atenolol | 1 | | Tier (cost-share level) gives you an idea of how much you may pay for a medication |
| AVAPRO | 3 | ST | |
| BIDIL | 3 | QL | Medications are listed in alphabetical order within each column |
| CARDIZEM LA | 3 | QL | |
| cartia xt | 1 | | Medications that may have extra coverage requirements or may be covered in a certain way have an abbreviation listed next to them in the Notes column |
| carvedilol | 1 | | |
| carvedilol er | 1 | QL | Brand-name medications are in all capital letters |
| clonidine | 1 | | |
| CORLANOR 5MG/5ML ORAL SOLUTION | 2 | SP, PA | Generic medications are in all lowercase letters |
| COZAAR | 3 | ST | |
| diltiazem | 1 | | |
| diltiazem 12hr er | 1 | | |
| diltiazem 24hr er | 1 | | |
| diltiazem 24hr er (cd) | 1 | | |
| diltiazem 24hr er (la) | 1 | QL | |
| diltiazem 24hr er (xr) | 1 | | |
| dilt xr | 1 | | |
| DIOVAN | 3 | ST | |
| DIOVAN HCT | 3 | ST | |
| ENTRESTO | 2 | QL | |
| flecainide | 1 | | |
| HYZAAR | 3 | ST | |
| irbesartan | 1 | | |
| LABETALOL 10MG/2ML SYRINGE | 3 | | |
| lisinopril | 1 | | |

*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.

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.

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 | Generic Medications. Generics have the same strength and active ingredients as brand-name medications, but often cost much less. These medications are covered at your plan's lowest cost-share. | \$ |
| Tier 2 | Preferred Brand Medications. These medications typically have a lower-cost generic alternative available. | \$\$ |
| Tier 3 | Non-Preferred Brand Medications. These medications typically have a generic and/or preferred brand alternative. | \$\$\$ |

Letters (acronyms) in the Notes column

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

| | |
|-----|---|
| PA | Prior Authorization* – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements for the medication. |
| 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. |
| SP | This is a specialty medication , which is used to treat a complex medical condition. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive 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.

Letters (acronyms) in the Notes column (cont.)

| | |
|--------------|--|
| PPACA | Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover this preventive medication/product at 100%, or no cost-share (\$0), to you. |
| OC | 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 OC 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 | 18, 19 |
| ALLERGY/NASAL SPRAYS | 6 | HORMONAL AGENTS | 21, 22 |
| ALZHEIMER'S DISEASE | 6 | INFECTIONS | 22, 23 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | 7 | INFERTILITY | 23 |
| ASTHMA/COPD/RESPIRATORY | 7, 8 | MISCELLANEOUS | 23 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 8 | MULTIPLE SCLEROSIS | 23, 24 |
| BLOOD MODIFIERS/BLEEDING DISORDERS | 8, 9 | NUTRITIONAL/DIETARY | 24 |
| BLOOD PRESSURE/HEART MEDICATIONS | 9, 10 | OSTEOPOROSIS PRODUCTS | 25 |
| BLOOD THINNERS/ANTI-CLOTTING | 10 | PAIN RELIEF AND INFLAMMATORY DISEASE | 25-27 |
| CANCER | 11, 12 | PARKINSON'S DISEASE | 27 |
| CHOLESTEROL MEDICATIONS | 12 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | 27 |
| CONTRACEPTION PRODUCTS | 12-15 | SEIZURE DISORDERS | 28 |
| COUGH/COLD MEDICATIONS | 15 | SKIN CONDITIONS | 28, 29 |
| DENTAL PRODUCTS | 15, 16 | SLEEP DISORDERS/SEDATIVES | 29 |
| DIABETES | 16-17 | SMOKING CESSATION | 29 |
| DIURETICS | 17 | SUBSTANCE ABUSE | 29, 30 |
| EAR MEDICATIONS | 17 | TRANSPLANT MEDICATIONS | 30 |
| ERECTILE DYSFUNCTION | 17 | URINARY TRACT CONDITIONS | 30 |
| EYE CONDITIONS | 17, 18 | VACCINES | 30, 31 |
| FEMININE PRODUCTS | 18 | VITAMINS | 31 |

Cigna Healthcare Performance 3-Tier Prescription Drug List

| AIDS/HIV | | |
|---|------|---------------|
| Medication | Tier | Notes |
| abacavir-lamivudine | 1 | SP, PA |
| APRETUDE | 3 | SP, PA, PPACA |
| BIKTARVY | 2 | SP, QL |
| CABENUVA | 3 | SP, PA |
| CIMDUO | 3 | SP, PA |
| DESCOVY 200-25 MG TABLET | 2 | SP, PA, PPACA |
| DOVATO | 2 | SP, QL |
| efavirenz-emtricitabine-tenofovir | 1 | SP, QL |
| emtricitabine-tenofovir 200-300 mg | 1 | SP, PPACA |
| GENVOYA | 2 | SP, QL |
| ISENTRESS | 2 | SP |
| ISENTRESS HD | 2 | SP, PA |
| JULUCA | 2 | SP, QL |
| ODEFSEY | 3 | SP, PA, QL |
| PREZCOBIX | 3 | SP, PA |
| PREZISTA 100 MG/ML SUSPENSION, 75 MG, 150 MG TABLET | 2 | SP |
| ritonavir | 1 | SP |
| RUKOBIA | 3 | SP, PA, QL |
| STRIBILD | 3 | SP, PA, QL |
| SYMTUZA | 2 | SP, QL |
| tenofovir | 1 | SP, PA |
| TIVICAY | 2 | SP |
| TIVICAY PD | 2 | SP |
| TRIUMEQ | 2 | SP, QL |
| TRIUMEQ PD | 2 | SP, QL |

| ALLERGY/NASAL SPRAYS | | |
|--|------|-------|
| Medication | Tier | Notes |
| azelastine 0.1% (137 mcg) spray | 1 | |
| azelastine-fluticasone | 1 | |
| cromolyn oral concentrate | 1 | |
| desloratadine | 1 | QL |
| epinephrine 0.15 mg, 0.3 mg auto-injector, spray | 1 | QL |

| ALLERGY/NASAL SPRAYS (cont.) | | |
|------------------------------|------|--------|
| Medication | Tier | Notes |
| EPINEPHRINE PROFESSIONAL EMS | 3 | |
| EPINEPHRINE PROFESSIONAL KIT | 3 | |
| EPINEPHRINESNAP-EMS | 3 | |
| EPINEPHRINESNAP-V | 3 | |
| fluticasone spray | 1 | |
| GASTROCROM | 3 | |
| GRASTEK | 3 | PA, QL |
| hydroxyzine | 1 | |
| hydroxyzine pamoate | 1 | |
| ipratropium spray | 1 | |
| levocetirizine | 1 | |
| mometasone spray | 1 | QL |
| ODACTRA | 3 | PA, QL |
| olopatadine spray | 1 | |
| ORALAIR | 3 | PA, QL |
| PATANASE | 3 | |
| RAGWITEK | 3 | PA, QL |
| VISTARIL | 3 | |

| ALZHEIMER'S DISEASE | | |
|--|------|--------|
| Medication | Tier | Notes |
| ADLARITY | 2 | PA, QL |
| ARICEPT | 3 | |
| donepezil | 1 | |
| donepezil odt | 1 | |
| EXELON | 3 | |
| memantine | 1 | |
| memantine er | 1 | QL |
| NAMENDA 5-10 MG TITRATION PACK | 2 | |
| NAMENDA XR | 3 | QL |
| NAMZARIC | 3 | QL |
| pyridostigmine 60 mg cup, solution, tablet | 1 | |
| pyridostigmine er | 1 | |
| regonol | 3 | |
| rivastigmine | 1 | |

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

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

| ANXIETY/DEPRESSION/BIPOLAR DISORDER ² | | |
|--|------|--------|
| Medication | Tier | Notes |
| alprazolam | 1 | |
| alprazolam er | 1 | |
| alprazolam intensol | 1 | |
| alprazolam odt | 1 | |
| alprazolam xr | 1 | |
| amitriptyline | 1 | |
| bupropion | 1 | QL |
| bupropion sr | 1 | QL |
| bupropion xl 150 mg, 300 mg tablet | 1 | QL |
| buspirone | 1 | |
| citalopram solution, tablet | 1 | QL |
| clomipramine | 1 | |
| desvenlafaxine er 25 mg, 50 mg, 100 mg tablet | 1 | QL |
| duloxetine | 1 | QL |
| EMSAM | 3 | QL |
| escitalopram | 1 | QL |
| FETZIMA | 3 | QL, ST |
| fluoxetine | 1 | QL |
| fluoxetine dr | 1 | QL |
| fluvoxamine | 1 | QL |
| fluvoxamine er | 1 | QL |
| lorazepam oral concentrate, tablet | 1 | |
| lorazepam intensol | 1 | |
| mirtazapine | 1 | |
| NUPLAZID | 3 | SP, PA |
| paroxetine | 1 | QL |
| paroxetine cr | 1 | QL |
| paroxetine er | 1 | QL |
| sertraline oral concentrate, tablet | 1 | QL |
| SPRAVATO | 3 | SP, PA |
| trazodone | 1 | |
| TRINTELLIX | 2 | QL |
| venlafaxine | 1 | QL |

| ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.) ² | | |
|--|------|------------|
| Medication | Tier | Notes |
| venlafaxine er | 1 | QL |
| ZURZUVAE | 3 | SP, PA, QL |
| ASTHMA/COPD/RESPIRATORY | | |
| Medication | Tier | Notes |
| ADEMPAS | 2 | SP, PA |
| ADVAIR HFA | 2 | QL |
| AIRDUO DIGIHALER | 3 | QL, ST |
| albuterol | 1 | |
| albuterol hfa 90 mcg inhaler | 1 | QL |
| ALVESCO | 2 | |
| ambrisentan | 1 | SP, PA |
| ANORO ELLIPTA | 2 | QL |
| ASMANEX | 2 | QL |
| ASMANEX HFA | 2 | QL |
| ATROVENT HFA | 2 | QL |
| BREO ELLIPTA | 2 | QL |
| BREZTRI AEROSPHERE | 2 | QL |
| BRONCHITOL | 3 | SP, PA |
| budesonide inhalation suspension | 1 | QL |
| budesonide-formoterol | 1 | QL |
| COMBIVENT RESPIMAT | 2 | QL |
| DULERA | 2 | QL |
| FASENRA | 2 | SP, PA |
| FASENRA PEN | 2 | SP, PA |
| fluticasone-salmeterol | 1 | QL |
| INCRUSE ELLIPTA | 2 | |
| KALYDECO | 3 | SP, PA, QL |
| LETAIRIS | 3 | SP, PA |
| montelukast | 1 | |
| NUCALA AUTO-INJECTOR, SYRINGE | 2 | SP, PA |
| OFEV | 2 | SP, PA |
| OPSUMIT | 2 | SP, PA |
| OPSYNVI | 2 | SP, PA, QL |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

ASTHMA/COPD/RESPIRATORY (cont.)

| Medication | Tier | Notes |
|--------------------------------------|------|------------|
| ORENITRAM ER | 3 | SP, PA |
| ORENITRAM TITRATION KIT | 3 | SP, PA, QL |
| PROLASTIN C | 3 | SP, PA |
| PULMICORT | 3 | QL |
| PULMOZYME | 2 | SP, PA |
| QVAR REDHALER | 2 | |
| SINGULAIR | 3 | |
| SPIRIVA HANDIHALER | 2 | QL |
| SPIRIVA RESPIMAT | 2 | QL |
| STIOLTO RESPIMAT | 2 | QL |
| SYMDEKO | 3 | SP, PA, QL |
| TEZSPIRE 210 MG/1.91 ML PEN | 2 | SP, PA, QL |
| TEZSPIRE 210 MG/1.91 ML SYRINGE | 2 | SP, PA |
| TRACLEER 32 MG TABLET FOR SUSPENSION | 2 | SP, PA |
| TRELEGY ELLIPTA | 2 | QL |
| TRIKAFTA | 3 | SP, PA, QL |
| TYVASO DPI | 2 | SP, PA |
| TYVASO SOLUTION, KIT | 3 | SP, PA |
| UPTRAVI VIAL | 3 | SP, PA |
| UPTRAVI TABLET, TITRATION PACK | 2 | SP, PA |
| VIJOICE | 3 | SP, PA, QL |
| wixela inhub | 1 | QL |
| XOLAIR | 2 | SP, PA |

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

| Medication | Tier | Notes |
|-----------------------|------|------------|
| ADDERALL | 3 | PA, ST |
| ADZENYS XR-ODT | 3 | PA, QL |
| atomoxetine | 1 | QL |
| AZSTARYS | 3 | PA, QL, ST |
| DAYTRANA | 3 | PA, QL |
| dexmethylphenidate | 1 | PA |
| dexmethylphenidate er | 1 | PA, QL |

ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont.)²

| Medication | Tier | Notes |
|--|------|--------|
| dextroamphetamine-amphetamine | 1 | PA |
| dextroamphetamine-amphetamine er | 1 | PA, QL |
| DYANAVEL XR | 3 | PA, QL |
| EVEKEO ODT | 3 | PA |
| FOCALIN | 3 | PA, ST |
| guanfacine er | 1 | |
| METHYLIN | 3 | PA |
| methylphenidate chewable tablet, solution, tablet | 1 | PA |
| methylphenidate cd | 1 | PA, QL |
| methylphenidate er (cd) | 1 | PA, QL |
| methylphenidate er (la) | 1 | PA, QL |
| methylphenidate er 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg tablet | 1 | PA, QL |
| methylphenidate er capsule | 1 | PA, QL |
| methylphenidate la | 1 | PA, QL |
| MYDAYIS | 3 | PA, QL |
| QUILLICHEW ER | 3 | PA, QL |
| QUILLIVANT XR | 3 | PA, QL |
| RITALIN | 3 | PA, ST |
| VYVANSE | 3 | PA, QL |
| XELSTRYM | 3 | PA, QL |

BLOOD MODIFIERS/BLEEDING DISORDERS

| Medication | Tier | Notes |
|--|------|--------|
| ADVATE | 3 | SP, PA |
| ADYNOVATE | 2 | SP, PA |
| AFSTYLA | 2 | SP, PA |
| ALPHANATE | 3 | SP, PA |
| ALTUVIIIO | 2 | SP, PA |
| aminocaproic acid solution, tablet, vial | 1 | SP |
| ARANESP | 2 | SP, PA |
| CYKLOKAPRON | 3 | SP |
| DOPTLET | 2 | SP, PA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

| Medication | Tier | Notes |
|--------------------------------|------|--------|
| ELOCTATE | 2 | SP, PA |
| EMPAVELI | 2 | SP, PA |
| EPOGEN | 2 | SP, PA |
| FULPHILA | 3 | SP, PA |
| GRANIX | 3 | SP, PA |
| HEMLIBRA | 3 | SP, PA |
| HUMATE-P | 3 | SP, PA |
| KOGENATE FS | 2 | SP, PA |
| KOVALTRY | 2 | SP, PA |
| NEULASTA | 2 | SP, PA |
| NEULASTA ONPRO | 2 | SP, PA |
| NEUPOGEN | 3 | SP, PA |
| NIVESTYM | 2 | SP |
| NYVEPRIA | 2 | SP, PA |
| PROCRIT | 2 | SP, PA |
| PROMACTA | 2 | SP, PA |
| RETACRIT | 2 | SP, PA |
| SOLIRIS | 2 | SP, PA |
| STIMUFEND | 3 | SP, PA |
| TAVALISSE | 2 | SP, PA |
| tranexamic acid tablet, vial | 1 | SP |
| UDENYCA AUTO-INJECTOR, SYRINGE | 2 | SP, PA |
| ULTOMIRIS | 3 | SP, PA |
| WILATE | 3 | SP, PA |
| XYNTHA | 3 | SP, PA |
| XYNTHA SOLOFUSE | 3 | SP, PA |
| ZARXIO | 2 | SP |
| ZIEXTENZO | 3 | SP, PA |

BLOOD PRESSURE/HEART MEDICATIONS

| Medication | Tier | Notes |
|-----------------------|------|-------|
| amlodipine | 1 | |
| amlodipine-benazepril | 1 | |
| amlodipine-olmesartan | 1 | QL |

BLOOD PRESSURE/HEART MEDICATIONS (cont.)

| Medication | Tier | Notes |
|--------------------------|------|------------|
| amlodipine-valsartan | 1 | |
| atenolol | 1 | |
| bisoprolol-hctz | 1 | |
| CALAN SR | 3 | |
| CAMZYOS | 3 | SP, PA, QL |
| candesartan | 1 | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| carvedilol er | 1 | QL |
| CATAPRES-TTS 1 | 3 | |
| CATAPRES-TTS 2 | 3 | |
| CATAPRES-TTS 3 | 3 | |
| clonidine patch, tablet | 1 | |
| CORLANOR ORAL SOLUTION | 2 | SP, PA |
| CORLANOR TABLET | 2 | PA |
| dilt xr | 1 | |
| diltiazem tablet, vial | 1 | |
| diltiazem 12hr er | 1 | |
| diltiazem 24hr er | 1 | |
| diltiazem 24hr er (cd) | 1 | |
| diltiazem 24hr er (la) | 1 | QL |
| diltiazem 24hr er (xr) | 1 | |
| DIOVAN | 3 | ST |
| DIOVAN HCT | 3 | ST |
| dofetilide | 1 | QL |
| droxidopa | 1 | SP |
| ENTRESTO | 2 | QL |
| flecainide | 1 | |
| guanfacine | 1 | |
| hydralazine tablet, vial | 1 | |
| HYZAAR | 3 | ST |
| icatibant | 1 | SP, PA |
| irbesartan | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| BLOOD PRESSURE/HEART MEDICATIONS (cont.) | | |
|--|------|------------|
| Medication | Tier | Notes |
| labetalol syringe, tablet, vial | 1 | |
| lisinopril | 1 | |
| lisinopril-hctz | 1 | |
| losartan | 1 | |
| losartan-hctz | 1 | |
| matzim la | 1 | |
| metoprolol er | 1 | |
| metoprolol tablet, vial | 1 | |
| metyrosine | 1 | PA |
| MICARDIS | 3 | QL, ST |
| MICARDIS HCT | 3 | QL, ST |
| MINIPRESS | 3 | |
| minoxidil tablet | 1 | |
| MULTAQ | 2 | |
| nadolol | 1 | |
| nebivolol | 1 | QL |
| nifedipine | 1 | |
| nifedipine er | 1 | |
| NITROSTAT | 3 | |
| NORLIQVA | 2 | PA, QL |
| NORVASC | 3 | |
| olmesartan | 1 | QL |
| olmesartan-amlodipine-hctz | 1 | |
| olmesartan-hctz | 1 | QL |
| ORLADEYO | 3 | SP, PA, QL |
| prazosin | 1 | |
| propranolol er | 1 | |
| propranolol solution, tablet, vial | 1 | |
| ramipril | 1 | |
| ranolazine er | 1 | QL |
| sajazir | 1 | SP, PA |
| TAKHZYRO | 3 | SP, PA |
| taztia xt | 1 | |

| BLOOD PRESSURE/HEART MEDICATIONS (cont.) | | |
|--|------|--------|
| Medication | Tier | Notes |
| TEKTURNA HCT | 2 | |
| telmisartan | 1 | QL |
| telmisartan-hctz | 1 | QL |
| tiadylt er | 1 | |
| TIAZAC | 3 | |
| TIKOSYN | 3 | PA, QL |
| VALSARTAN SOLUTION | 3 | ST |
| valsartan tablet | 1 | |
| valsartan-hctz | 1 | |
| verapamil er | 1 | |
| verapamil er pm | 1 | |
| verapamil sr | 1 | |
| verapamil ampule, syringe, tablet, vial | 1 | |
| VERELAN | 3 | |
| VERELAN PM | 3 | |
| VERQUVO | 2 | PA, QL |
| ZESTORETIC | 3 | ST |
| BLOOD THINNERS/ANTI-CLOTTING | | |
| Medication | Tier | Notes |
| ARIXTRA | 3 | SP, QL |
| BRILINTA | 2 | |
| clopidogrel | 1 | |
| ELIQUIS | 2 | PA |
| enoxaparin | 1 | SP, QL |
| fondaparinux | 1 | SP, QL |
| jantoven | 1 | |
| LOVENOX | 3 | SP, QL |
| PLAVIX | 3 | |
| prasugrel | 1 | |
| warfarin | 1 | |
| XARELTO | 2 | PA |
| ZONTIVITY | 3 | |

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AGE – Age Requirement

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OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

| CANCER | | |
|--|------|------------|
| Medication | Tier | Notes |
| abiraterone | 1 | SP, PA |
| AKEEGA | 3 | SP, PA, QL |
| ALECENSA | 2 | SP, PA, QL |
| anastrozole | 1 | PPACA |
| ARIMIDEX | 3 | |
| AYVAKIT | 3 | SP, PA, QL |
| BOSULIF | 3 | SP, PA, QL |
| BRUKINSA | 2 | SP, PA, QL |
| CABOMETYX | 2 | SP, PA |
| capecitabine | 1 | SP, PA |
| COMETRIQ | 3 | SP, PA, QL |
| COTELLIC | 2 | SP, PA |
| ELIGARD | 3 | SP |
| ERIVEDGE | 2 | SP, PA |
| ERLEADA | 2 | SP, PA |
| everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet, tablet for suspension | 1 | SP, PA, QL |
| exemestane | 1 | PPACA |
| EXKIVITY | 3 | SP, PA |
| GAVRETO | 3 | SP, PA, QL |
| GLEOSTINE | 2 | |
| hydroxyurea | 1 | |
| IBRANCE | 3 | SP, PA, QL |
| imatinib | 1 | SP, QL |
| IMBRUVICA | 2 | SP, PA, QL |
| INLYTA | 3 | SP, PA |
| JAKAFI | 3 | SP, PA, QL |
| KANJINTI | 2 | SP, PA |
| KISQALI | 2 | SP, PA, QL |
| lenalidomide | 1 | SP, PA, QL |
| LENVIMA | 2 | SP, PA |
| letrozole | 1 | |
| LONSURF | 3 | SP, PA |

| CANCER (cont.) | | |
|---------------------------------|------|------------|
| Medication | Tier | Notes |
| LORBRENA | 3 | SP, PA, QL |
| LUMAKRAS | 3 | SP, PA, QL |
| LYNPARZA | 2 | SP, PA, QL |
| mercaptopurine | 1 | |
| methotrexate tablet, vial | 1 | |
| MVASI | 2 | SP, PA |
| NERLYNX | 3 | SP, PA |
| NINLARO | 3 | SP, PA, QL |
| NUBEQA | 2 | SP, PA |
| ODOMZO | 2 | SP, PA |
| OGIVRI | 2 | SP, PA |
| ONTRUZANT | 3 | SP, PA |
| ORGOVYX | 3 | SP, PA |
| PHESGO | 3 | SP, PA |
| POMALYST | 2 | SP, PA, QL |
| RETEVMO | 3 | SP, PA, QL |
| REVLIMID | 2 | SP, PA, QL |
| RIABNI | 2 | SP, PA |
| ROZLYTREK | 3 | SP, PA |
| RUBRACA | 2 | SP, PA, QL |
| SCEMBLIX | 2 | SP, PA, QL |
| SPRYCEL | 2 | SP, PA, QL |
| STIVARGA | 3 | SP, PA, QL |
| TAFINLAR | 2 | SP, PA, QL |
| TAGRISSO | 3 | SP, PA |
| tamoxifen | 1 | PPACA |
| TASIGNA | 2 | SP, PA, QL |
| temozolomide | 1 | SP, PA |
| TIBSOVO | 3 | SP, PA |
| TREXALL | 2 | |
| TUKYSA | 3 | SP, PA |
| VENCLEXTA STARTING PACK, TABLET | 2 | SP, PA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| CANCER (cont.) | | |
|----------------|------|------------|
| Medication | Tier | Notes |
| VERZENIO | 2 | SP, PA, QL |
| VITRAKVI | 3 | SP, PA |
| WELIREG | 3 | SP, PA, QL |
| XELODA | 3 | SP, PA |
| XOSPATA | 3 | SP, PA |
| XTANDI | 2 | SP, PA |
| ZEJULA | 2 | SP, PA, QL |
| ZELBORAF | 2 | SP, PA |

| CHOLESTEROL MEDICATIONS | | |
|---|------|-----------|
| Medication | Tier | Notes |
| atorvastatin 10 mg, 20 mg tablet | 1 | PPACA |
| atorvastatin 40 mg, 80 mg tablet | 1 | |
| DOJOLVI | 3 | SP, PA |
| ezetimibe | 1 | |
| fenofibrate 43 mg, 50 mg, 67 mg, 130 mg, 134 mg, 150 mg, 200 mg capsule, tablet | 1 | |
| fluvastatin | 1 | PPACA |
| fluvastatin er | 1 | PPACA |
| icosapent ethyl | 1 | |
| LIPOFEN | 3 | ST |
| lovastatin 10 mg tablet | 1 | |
| lovastatin 20 mg, 40 mg tablet | 1 | PPACA |
| NEXLETOL | 2 | PA, QL |
| NEXLIZET | 2 | PA, QL |
| omega-3 acid ethyl esters | 1 | |
| pitavastatin | 1 | QL, PPACA |
| pravastatin | 1 | PPACA |
| REPATHA PUSHTRONEX, SURECLICK, SYRINGE | 2 | PA |
| rosuvastatin 20 mg, 40 mg tablet | 1 | QL |
| rosuvastatin 5 mg, 10 mg tablet | 1 | QL, PPACA |
| simvastatin 5 mg, 80 mg tablet | 1 | QL |

| CHOLESTEROL MEDICATIONS (cont.) | | |
|--|------|-------|
| Medication | Tier | Notes |
| simvastatin 10 mg, 20 mg, 40 mg tablet | 1 | PPACA |
| TRICOR | 3 | ST |
| VASCEPA | 2 | PA |
| TRICOR | 3 | ST |
| VASCEPA | 2 | PA |
| ZETIA | 3 | |

| CONTRACEPTION PRODUCTS | | |
|------------------------|------|-------|
| Medication | Tier | Notes |
| afirmelle | 1 | PPACA |
| altavera | 1 | PPACA |
| alyacen | 1 | PPACA |
| amethia | 1 | PPACA |
| amethyst | 1 | PPACA |
| ANNOVERA | 3 | |
| apri | 1 | PPACA |
| aranelle | 1 | PPACA |
| ashlyna | 1 | PPACA |
| aubra | 1 | PPACA |
| aubra eq | 1 | PPACA |
| aurovela | 1 | PPACA |
| aurovela 24 fe | 1 | PPACA |
| aurovela fe | 1 | PPACA |
| aviane | 1 | PPACA |
| ayuna | 1 | PPACA |
| azurette | 1 | PPACA |
| BALCOLTRA | 3 | |
| balziva | 1 | PPACA |
| BEYAZ | 3 | |
| blisovi 24 fe | 1 | PPACA |
| blisovi fe | 1 | PPACA |
| briellyn | 1 | PPACA |
| camila | 1 | PPACA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| CONTRACEPTION PRODUCTS (cont.) | | |
|---|------|-------|
| Medication | Tier | Notes |
| camrese | 1 | PPACA |
| camrese lo | 1 | PPACA |
| CAYA CONTOURED | 3 | PPACA |
| caziant | 1 | PPACA |
| charlotte 24 fe | 1 | PPACA |
| chateal | 1 | PPACA |
| chateal eq | 1 | PPACA |
| cryselle | 1 | PPACA |
| cyred | 1 | PPACA |
| cyred eq | 1 | PPACA |
| dasetta | 1 | PPACA |
| daysee | 1 | PPACA |
| deblitane | 1 | PPACA |
| desogestrel-ethinyl estradiol | 1 | PPACA |
| desogestrel-ethinyl estradiol ethinyl estradiol | 1 | PPACA |
| dolishale | 1 | PPACA |
| drospirenone-ethinyl estradiol | 1 | PPACA |
| drospirenone-ethinyl estradiol-levomefolate | 1 | PPACA |
| elinest | 1 | PPACA |
| ELLA | 3 | PPACA |
| eluryng | 1 | PPACA |
| emzahn | 1 | PPACA |
| enilloring | 1 | PPACA |
| enpresse | 1 | PPACA |
| enskyce | 1 | PPACA |
| errin | 1 | PPACA |
| estarylla | 1 | PPACA |
| ethynodiol-ethinyl estradiol | 1 | PPACA |
| etonogestrel-ethinyl estradiol | 1 | PPACA |
| falmina | 1 | PPACA |
| FEMCAP | 3 | PPACA |
| finzala | 1 | PPACA |

| CONTRACEPTION PRODUCTS (cont.) | | |
|----------------------------------|------|-----------|
| Medication | Tier | Notes |
| gemmily | 1 | PPACA |
| hailey | 1 | PPACA |
| hailey 24 fe | 1 | PPACA |
| hailey fe | 1 | PPACA |
| haloette | 1 | PPACA |
| heather | 1 | PPACA |
| iclevia | 1 | PPACA |
| incassia | 1 | PPACA |
| isibloom | 1 | PPACA |
| jaimiess | 1 | PPACA |
| jasmiel | 1 | PPACA |
| jencycla | 1 | PPACA |
| jolessa | 1 | PPACA |
| joyeaux | 1 | PPACA |
| juleber | 1 | PPACA |
| junel | 1 | PPACA |
| junel fe | 1 | PPACA |
| junel fe 24 | 1 | PPACA |
| kaitlib fe | 1 | PPACA |
| kalliga | 1 | PPACA |
| kariva | 1 | PPACA |
| kelnor 1-35 | 1 | PPACA |
| kelnor 1-50 | 1 | PPACA |
| kurvelo | 1 | PPACA |
| KYLEENA | 3 | SP, PPACA |
| larin | 1 | PPACA |
| larin 24 fe | 1 | PPACA |
| larin fe | 1 | PPACA |
| layolis fe | 3 | PPACA |
| leena | 1 | PPACA |
| lessina | 1 | PPACA |
| levonest | 1 | PPACA |
| levonorgestrel-ethinyl estradiol | 1 | PPACA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| CONTRACEPTION PRODUCTS (cont.) | | |
|--|------|-----------|
| Medication | Tier | Notes |
| levonorgestrel-ethinyl estradiol ethinyl estradiol | 1 | PPACA |
| levonorgestrel-ethinyl estradiol-fe bisglycinate | 1 | PPACA |
| levora-28 | 1 | PPACA |
| LILETTA | 3 | SP, PPACA |
| LOESTRIN FE | 3 | |
| lojaimiess | 1 | PPACA |
| loryna | 1 | PPACA |
| low-ogestrel | 1 | PPACA |
| lo-zumandimine | 1 | PPACA |
| luteria | 1 | PPACA |
| lyleq | 1 | PPACA |
| lyza | 1 | PPACA |
| marlissa | 1 | PPACA |
| medroxyprogesterone 150mg/ml syringe, vial | 1 | PPACA |
| merzee | 1 | PPACA |
| mibelas 24 fe | 1 | PPACA |
| microgestin | 1 | PPACA |
| microgestin 24 fe | 1 | PPACA |
| microgestin fe | 1 | PPACA |
| mili | 1 | PPACA |
| MIRENA | 3 | SP, PPACA |
| mono-lynyah | 1 | PPACA |
| NATAZIA | 3 | |
| necon | 1 | PPACA |
| NEXPLANON | 3 | SP, PPACA |
| NEXTSTELLIS | 3 | |
| nikki | 1 | PPACA |
| nora-be | 1 | PPACA |
| norelgestromin-ethinyl estradiol | 1 | PPACA |
| norethindrone | 1 | PPACA |
| norethindrone-ethinyl estradiol | 1 | PPACA |

| CONTRACEPTION PRODUCTS (cont.) | | |
|------------------------------------|------|-----------|
| Medication | Tier | Notes |
| norethindrone-ethinyl estradiol-fe | 1 | PPACA |
| norgestimate-ethinyl estradiol | 1 | PPACA |
| norlyda | 1 | PPACA |
| nortrel | 1 | PPACA |
| NUVARING | 3 | |
| nylia | 1 | PPACA |
| nymyo | 1 | PPACA |
| ocella | 1 | PPACA |
| PARAGARD T 380-A | 3 | SP, PPACA |
| philith | 1 | PPACA |
| pimtrea | 1 | PPACA |
| pirmella | 1 | PPACA |
| portia | 1 | PPACA |
| previfem | 1 | PPACA |
| reclipsen | 1 | PPACA |
| rivelsa | 1 | PPACA |
| SAFYRAL | 3 | |
| setlakin | 1 | PPACA |
| sharobel | 1 | PPACA |
| simliya | 1 | PPACA |
| simpesse | 1 | PPACA |
| SKYLA | 3 | SP, PPACA |
| SLYND | 3 | |
| sprintec | 1 | PPACA |
| sronyx | 1 | PPACA |
| syeda | 1 | PPACA |
| tarina 24 fe | 1 | PPACA |
| tarina fe | 1 | PPACA |
| tarina fe 1-20 eq | 1 | PPACA |
| taysofy | 1 | PPACA |
| TAYTULLA | 3 | |
| tilia fe | 1 | PPACA |
| tri femynor | 1 | PPACA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| CONTRACEPTION PRODUCTS (cont.) | | |
|--------------------------------|------|-------|
| Medication | Tier | Notes |
| tri-estarylla | 1 | PPACA |
| tri-legest fe | 1 | PPACA |
| tri-linyah | 1 | PPACA |
| tri-lo-estarylla | 1 | PPACA |
| tri-lo-marzia | 1 | PPACA |
| tri-lo-mili | 1 | PPACA |
| tri-lo-sprintec | 1 | PPACA |
| tri-mili | 1 | PPACA |
| tri-nymyo | 1 | PPACA |
| tri-previfem | 1 | PPACA |
| tri-sprintec | 1 | PPACA |
| trivora-28 | 1 | PPACA |
| tri-vylibra | 1 | PPACA |
| tri-vylibra lo | 1 | PPACA |
| tulana | 1 | PPACA |
| turqoz | 1 | PPACA |
| TWIRLA | 3 | PPACA |
| tydemy | 1 | PPACA |
| velivet | 1 | PPACA |
| vestura | 1 | PPACA |
| vienva | 1 | PPACA |
| viorele | 1 | PPACA |
| volnea | 1 | PPACA |
| vyfemla | 1 | PPACA |
| vylibra | 1 | PPACA |
| wera | 1 | PPACA |
| WIDE SEAL DIAPHRAGM | 3 | PPACA |
| wymzya fe | 1 | PPACA |
| xulane | 1 | PPACA |
| YASMIN 28 | 3 | |
| YAZ | 3 | |

| CONTRACEPTION PRODUCTS (cont.) | | |
|------------------------------------|------|--------|
| Medication | Tier | Notes |
| zafemy | 1 | PPACA |
| zarah | 1 | PPACA |
| zovia 1-35 | 1 | PPACA |
| zumandimine | 1 | PPACA |
| COUGH/COLD MEDICATIONS | | |
| Medication | Tier | Notes |
| brompheniramine-pseudoephedrine-dm | 1 | |
| HYCODAN | 3 | PA, QL |
| promethazine-dm | 1 | |
| DENTAL PRODUCTS | | |
| Medication | Tier | Notes |
| chlorhexidine 0.12% cup, rinse | 1 | |
| CLINPRO 5000 | 3 | |
| denta 5000 plus | 1 | |
| dentagel | 1 | |
| doxycycline hyclate 20 mg tablet | 1 | |
| FLORIVA | 3 | PPACA |
| FLUORIDEX DAILY DEFENSE 1.1% | 1 | |
| FLUORIDEX SENSITIVITY RELIEF | 3 | |
| JUST RIGHT 5000 | 3 | |
| oralone | 1 | |
| PERIDEX | 3 | |
| periogard | 1 | |
| PREVIDENT | 2 | |
| PREVIDENT 0.2% RINSE | 3 | |
| PREVIDENT 1.1% GEL | 3 | |
| PREVIDENT 5000 | 2 | |
| PREVIDENT 5000 PLUS | 3 | |
| sf 1.1% gel | 1 | |
| sf 5000 plus | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

DENTAL PRODUCTS (cont.)

| Medication | Tier | Notes |
|--------------------------------|------|-------|
| sodium fluoride | 1 | |
| sodium fluoride 5000 dry mouth | 1 | |
| sodium fluoride 5000 plus | 1 | |
| triamcinolone 0.1% paste | 1 | |

DIABETES

| Medication | Tier | Notes |
|---------------------------------------|------|--------|
| ACCU-CHEK MULTICLIX LANCET KIT | 1 | |
| ACCU-CHEK FASTCLIX LANCING DEVICE | 1 | |
| ACCU-CHEK GUIDE CONTROL SOLUTION | 1 | |
| ACCU-CHEK GUIDE ME GLUCOSE METER | 2 | |
| ACCU-CHEK GUIDE MONITOR SYSTEM | 2 | |
| ACCU-CHEK SMARTVIEW CONTROL SOLUTION | 1 | |
| ACCU-CHEK SOFTCLIX LANCET KIT | 1 | |
| BAQSIMI | 2 | QL |
| BYDUREON BCISE | 2 | PA, QL |
| CEQR SIMPLICITY | 2 | |
| CEQR SIMPLICITY INSERTER | 2 | |
| CYCLOSET | 3 | |
| DEXCOM G6 | 2 | PA, QL |
| FARXIGA | 2 | QL, ST |
| FREESTYLE FREEDOM LITE | 3 | |
| FREESTYLE INSULINX GLUCOSE SYSTEM | 3 | |
| FREESTYLE LIBRE 14 DAY READER, SENSOR | 2 | PA, QL |
| FREESTYLE LIBRE 2 READER, SENSOR | 2 | PA, QL |
| FREESTYLE LIBRE 3 READER, SENSOR | 2 | PA, QL |
| FREESTYLE LITE METER | 3 | |
| glimepiride | 1 | |
| glipizide 5 mg, 10 mg tablet | 1 | |

DIABETES (cont.)

| Medication | Tier | Notes |
|---|------|--------|
| glipizide er | 1 | |
| glipizide xl | 1 | |
| GLUCAGEN HYPOKIT | 2 | QL |
| GLUCAGON EMERGENCY KIT | 3 | QL |
| GLUCOCARD VITAL METER KIT | 3 | |
| GLYXAMBI | 2 | QL, ST |
| GUARDIAN RT CHARGER | 1 | |
| GUARDIAN TEST PLUG | 1 | |
| GVOKE | 3 | QL |
| GVOKE HYPOPEN | 3 | QL |
| GVOKE PFS SYRINGE | 3 | QL |
| HUMALOG | 2 | QL |
| HUMULIN N, HUMULIN R, HUMULIN 70/30 | 2 | QL |
| INPEN (FOR HUMALOG, NOVOLOG OR FIASP) | 1 | |
| INSULIN GLARGINE-YFGN | 2 | QL |
| INSULIN LISPRO | 2 | QL |
| JANUMET | 2 | QL, ST |
| JANUMET XR | 2 | QL, ST |
| JANUVIA | 2 | QL, ST |
| JARDIANCE | 2 | QL, ST |
| LYUMJEV | 2 | QL |
| metformin cup, solution, 500 mg, 850 mg, 1000 mg tablet | 1 | |
| metformin er 500 mg, 750 mg tablet | 1 | |
| MOUNJARO | 2 | PA, QL |
| OMNIPOD 5 G6 PODS (GEN 5) | 2 | QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | QL |
| ONETOUCH ULTRA TEST STRIP | 2 | |
| ONETOUCH ULTRA2 | 2 | |
| ONETOUCH VERIO TEST STRIP | 2 | |
| OZEMPIC | 2 | PA, QL |
| PARADIGM RESERVOIR 1.8 ML | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| DIABETES (cont.) | | |
|--------------------------------------|------|--------|
| Medication | Tier | Notes |
| PARADIGM RESERVOIR 3 ML | 3 | |
| pioglitazone | 1 | |
| POGO AUTOMATIC BLOOD GLUCOSE SYSTEM | 3 | |
| PRECISION XTRA MONITOR, MONITOR NFRS | 3 | |
| RIOMET | 3 | |
| RYBELSUS | 2 | PA, QL |
| SEMGLEE (YFGN) | 2 | QL |
| SEMGLEE (YFGN) PEN | 2 | QL |
| SOLIQUA 100-33 | 2 | |
| SYNJARDY | 2 | QL, ST |
| SYNJARDY XR | 2 | QL, ST |
| TRESIBA | 2 | QL |
| TRIJARDY XR | 2 | QL, ST |
| TRUE METRIX AIR GLUCOSE METER | 3 | |
| TRUE METRIX BLOOD GLUCOSE METER | 3 | |
| TRUEPLUS INSULIN SYRINGE | 1 | |
| TRULICITY | 2 | PA, QL |
| XIGDUO XR | 2 | QL, ST |
| DIURETICS | | |
| Medication | Tier | Notes |

| | | |
|--|---|----|
| acetazolamide | 1 | |
| acetazolamide er | 1 | |
| bumetanide | 1 | |
| CAROSPIR | 2 | PA |
| chlorthalidone | 1 | |
| DIURIL | 2 | |
| eplerenone | 1 | |
| furosemide solution, syringe, tablet, vial | 1 | |
| hydrochlorothiazide | 1 | |

| DIURETICS (cont.) | | |
|-------------------|------|--------|
| Medication | Tier | Notes |
| JYNARQUE | 3 | SP, PA |
| KERENDIA | 2 | PA, QL |
| spironolactone | 1 | |
| tolvaptan | 1 | SP |

| EAR MEDICATIONS | | |
|-----------------------------|------|-------|
| Medication | Tier | Notes |
| CIPRO HC | 2 | |
| ciprofloxacin-dexamethasone | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE | 3 | |
| DERMOTIC | 3 | |
| neomycin-polymyxin-hc | 1 | |
| ofloxacin 0.3% ear drops | 1 | |
| OTOVEL | 3 | |

| ERECTILE DYSFUNCTION | | |
|----------------------|------|--------|
| Medication | Tier | Notes |
| CAVERJECT | 3 | QL |
| CIALIS | 3 | QL, ST |
| EDEX | 3 | QL |
| MUSE | 2 | QL |
| sildenafil tablet | 1 | QL |
| STENDRA | 3 | QL, ST |
| tadalafil | 1 | QL |
| varafenafil | 1 | QL |
| VIAGRA | 3 | QL, ST |

| EYE CONDITIONS | | |
|-------------------|------|-------|
| Medication | Tier | Notes |
| ALREX | 3 | |
| AZASITE | 2 | |
| BESIVANCE | 2 | |
| bimatoprost drops | 1 | QL |
| brimonidine drops | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| EYE CONDITIONS (cont.) | | |
|----------------------------------|------|------------|
| Medication | Tier | Notes |
| brimonidine-timolol | 1 | |
| brinzolamide | 1 | |
| BROMSITE | 2 | |
| BYOOVIZ | 3 | SP, PA |
| CEQUA | 2 | |
| CIMERLI | 3 | SP, PA |
| ciprofloxacin drops | 1 | |
| cyclosporine 0.05% eye emulsion | 1 | |
| CYSTADROPS | 3 | SP, PA, QL |
| CYSTARAN | 3 | SP, PA, QL |
| difluprednate | 1 | |
| dorzolamide-timolol | 1 | |
| DURYSTA | 3 | SP, PA |
| erythromycin ointment | 1 | |
| EYSUVIS | 2 | QL |
| FLAREX | 2 | |
| fluorometholone | 1 | |
| INVELTYS | 2 | |
| latanoprost | 1 | |
| LOTEMAX 0.5% EYE OINTMENT | 2 | |
| LOTEMAX SM | 2 | |
| loteprednol | 1 | |
| MIEBO | 2 | QL |
| moxifloxacin drops | 1 | |
| neomycin-polymyxin-dexamethasone | 1 | |
| ofloxacin drops | 1 | |
| OXERVATE | 3 | SP, PA |
| polymyxin b sulfate-trimethoprim | 1 | |
| prednisolone 1% eye drops | 1 | |
| PROLENSA | 3 | |
| RHOPRESSA | 3 | |
| ROCKLATAN | 3 | |
| timolol gel-solution, drops | 1 | |
| TOBRADEX EYE OINTMENT | 2 | |

| EYE CONDITIONS (cont.) | | |
|---|------|------------|
| Medication | Tier | Notes |
| TOBRADEX ST | 2 | |
| tobramycin drops | 1 | |
| tobramycin-dexamethasone | 1 | |
| travoprost | 1 | |
| TYRVAYA | 2 | QL |
| XDEMVIY | 2 | SP, PA, QL |
| XIIDRA | 2 | |
| ZERVIAE | 2 | |
| ZIRGAN | 3 | |
| ZYLET | 3 | |
| FEMININE PRODUCTS | | |
| Medication | Tier | Notes |
| fem ph | 1 | |
| GYNAZOLE 1 | 1 | |
| miconazole 3 200 mg suppository | 1 | |
| terconazole | 1 | |
| GASTROINTESTINAL/HEARTBURN | | |
| Medication | Tier | Notes |
| alosetron | 1 | SP |
| anucort-hc | 1 | |
| aprepitant | 1 | QL |
| APRISO | 3 | |
| BONJESTA | 3 | |
| CHOLBAM | 3 | SP, PA |
| constulose | 1 | |
| CUVPOSA | 3 | |
| dexlansoprazole dr | 1 | QL |
| dicyclomine | 1 | |
| ENTYVIO VIAL | 2 | SP, PA |
| esomeprazole capsule, packet | 1 | QL |
| famotidine piggyback, suspension, 20 mg, 40 mg tablet, vial | 1 | |
| GATTEX | 3 | SP, PA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| GASTROINTESTINAL/HEARTBURN (cont.) | | |
|--|------|--------|
| Medication | Tier | Notes |
| gavilyte-c | 1 | PPACA |
| gavilyte-g | 1 | PPACA |
| gavilyte-n | 1 | PPACA |
| hemmorex-hc | 1 | |
| hydrocortisone enema, suppository | 1 | |
| HYOSCYAMINE SULFATE | 3 | |
| lansoprazole | 1 | QL |
| LEVBIID | 3 | |
| LEVSIN | 3 | |
| LEVSIN-SL | 3 | |
| LINZESS | 2 | |
| lubiprostone | 1 | |
| mesalamine | 1 | |
| mesalamine dr | 1 | |
| mesalamine er | 1 | |
| metoclopramide | 1 | |
| misoprostol | 1 | |
| MOTOFEN | 3 | |
| MOVANTIK | 2 | PA |
| NEXIUM DR 2.5 MG, 5 MG PACKET | 2 | QL |
| NULEV | 3 | |
| OCALIVA | 3 | SP, PA |
| OLPRUVA | 3 | SP, PA |
| omeprazole 10 mg, 20 mg, 40 mg capsule | 1 | QL |
| ondansetron | 1 | |
| ondansetron odt 4 mg, 8 mg | 1 | |
| PANCREAZE | 2 | |
| pantoprazole | 1 | QL |
| peg 3350-electrolyte | 1 | PPACA |
| peg-3350 and electrolytes | 1 | PPACA |

| GASTROINTESTINAL/HEARTBURN (cont.) | | |
|--|------|------------|
| Medication | Tier | Notes |
| peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid | 1 | PPACA |
| peg-prep | 1 | PPACA |
| PHEBURANE | 2 | SP, PA, QL |
| PREVACID DR CAPSULE | 3 | QL, ST |
| PROTONIX | 3 | QL, ST |
| PROTONIX IV | 3 | |
| rabeprazole tablet | 1 | QL |
| RECTIV | 3 | |
| RELISTOR SYRINGE, VIAL | 3 | PA |
| SANCUSO | 3 | PA, QL |
| scopolamine | 1 | |
| SFROWASA | 3 | |
| sodium sulfate-potassium sulfate-magnesium sulfate | 1 | PPACA |
| SUCRAID | 3 | SP, PA |
| sucalfate | 1 | |
| SUSTOL | 3 | PA |
| SYMPROIC | 2 | PA |
| TRANSDERM-SCOP | 3 | |
| TRULANCE | 2 | |
| URSO | 3 | |
| URSO FORTE | 3 | |
| VARUBI | 3 | PA, QL |
| VIBERZI | 2 | |
| VIOKACE | 3 | |
| VOQUEZNA TABLET | 3 | PA, QL |
| VOWST | 3 | SP, PA, QL |
| XERMELO | 3 | SP, PA |
| ZENPEP | 2 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| HORMONAL AGENTS | | |
|--|------|------------|
| Medication | Tier | Notes |
| ACTHAR VIAL | 3 | SP, PA |
| ACTIVELLA | 3 | |
| amabelz | 1 | |
| ANDRODERM | 2 | PA, QL |
| ANDROGEL | 3 | PA, QL |
| ANGELIQ | 3 | |
| AVEED | 3 | SP, PA |
| AYGESTIN | 3 | |
| BIJUVA | 3 | |
| budesonide dr | 1 | |
| budesonide ec | 1 | |
| budesonide er | 1 | PA, QL |
| cabergoline | 1 | QL |
| CETROTIDE | 2 | SP, PA, OC |
| COMBIPATCH | 2 | |
| CORTROPHIN | 3 | SP, PA |
| CYTOMEL | 3 | |
| DEPO-ESTRADIOL | 3 | |
| DEPO-TESTOSTERONE | 3 | |
| desmopressin ampule, vial | 1 | SP |
| desmopressin solution, 10 mcg/0.1 ml spray, tablet | 1 | |
| dexamethasone intensol | 1 | |
| dotti | 1 | QL |
| DUAVEE | 2 | |
| EGRIFTA SV | 3 | SP, PA |
| EMFLAZA | 3 | SP, PA |
| estradiol cream, gel packet, patch, tablet | 1 | QL |
| estradiol-norethindrone | 1 | |
| ESTROGEL | 2 | |
| euthyrox | 1 | |
| EVAMIST | 3 | |
| FENSOLVI | 2 | SP, PA |

| HORMONAL AGENTS (cont.) | | |
|--|------|------------|
| Medication | Tier | Notes |
| fyremadel | 1 | SP, PA, OC |
| GENOTROPIN | 2 | SP, PA |
| INTRAROSA | 3 | QL |
| LANREOTIDE | 3 | SP, PA |
| levo-t | 1 | |
| levothyroxine tablet, 100 mcg, 200 mcg, 500 mcg vial | 1 | |
| LEVOTHYROXINE 100 MCG/5 ML, 200 MCG/5 ML, 500 MCG/5 VIAL | 1 | |
| LEVOTHYROXINE 100 MCG/ML VIAL | 3 | |
| levoxyl | 1 | |
| liothyronine | 1 | |
| LUPRON DEPOT 3.75 MG KIT, 11.25 MG 3 MO KIT | 2 | SP, PA |
| lyllana | 1 | QL |
| MEDROL 4 MG DOSEPAK, 4 MG, 8 MG, 16 MG TABLET | 3 | |
| MEDROL 2 MG TABLET | 2 | |
| medroxyprogesterone | 1 | |
| MENOSTAR | 3 | QL |
| methylprednisolone dosepack, tablet | 1 | |
| mimvey | 1 | |
| MYFEMBREE | 2 | PA, QL |
| norethindrone | 1 | |
| np thyroid | 1 | |
| OMNITROPE | 2 | SP, PA |
| ORILISSA | 2 | PA, QL |
| OSPHENA | 3 | QL |
| prednisone | 1 | |
| prednisone intensol | 1 | |
| PREMARIN | 2 | |
| PREMPHASE | 2 | |
| PREMPRO | 2 | |
| progesterone capsule | 1 | |
| RAYALDEE | 3 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| HORMONAL AGENTS (cont.) | | |
|--|------|--------|
| Medication | Tier | Notes |
| SANDOSTATIN LAR DEPOT | 3 | SP, PA |
| SEROSTIM | 2 | SP, PA |
| SKYTROFA | 2 | SP, PA |
| SOMATULINE DEPOT | 2 | SP, PA |
| SOMAVERT | 2 | SP, PA |
| TESTOPEL | 3 | PA |
| testosterone gel, gel pump, packet | 1 | PA, QL |
| testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml | 1 | |
| TRIOSTAT | 3 | |
| TRIPTODUR | 2 | SP, PA |
| unithroid | 3 | |
| yuvaferm | 1 | QL |

| INFECTIONS | | |
|----------------------------|------|--------|
| Medication | Tier | Notes |
| acyclovir | 1 | |
| AEMCOLO | 3 | QL |
| albendazole | 1 | |
| ALINIA | 3 | |
| amoxicillin | 1 | |
| amoxicillin-clavulanate | 1 | |
| amoxicillin-clavulanate er | 1 | |
| ANCOBON | 3 | |
| ARIKAYCE | 3 | SP, PA |
| atovaquone | 1 | |
| atovaquone-proguanil | 1 | |
| avidoxy | 1 | |
| azithromycin | 1 | |
| BACTRIM | 3 | |
| BACTRIM DS | 3 | |
| BAXDELA | 3 | PA |
| BEYFORTUS | 3 | PPACA |

| INFECTIONS (cont.) | | |
|--|------|------------|
| Medication | Tier | Notes |
| BICILLIN L-A | 3 | |
| CAYSTON | 3 | SP, PA, QL |
| cefdinir | 1 | |
| cefpodoxime | 1 | |
| cefuroxime axetil | 1 | |
| cephalexin | 1 | |
| CIPRO SUSPENSION | 2 | |
| CIPRO TABLET | 3 | |
| ciprofloxacin | 1 | |
| clarithromycin | 1 | |
| clarithromycin er | 1 | |
| CLEOCIN HCL 75 MG CAPSULE | 2 | |
| CLEOCIN HCL 150 MG, 300 MG CAPSULE | 3 | |
| clindamycin capsule, vaginal cream, solution | 1 | |
| coremino | 1 | QL |
| crotan | 1 | |
| DIFICID | 3 | QL |
| doxy | 1 | |
| doxycycline monohydrate | 1 | |
| e.e.s. 400 | 3 | |
| EMVERM | 1 | |
| entecavir | 1 | SP, QL |
| EPCLUSA | 2 | SP, PA, QL |
| ERYPED 200 | 3 | |
| ery-tab dr 250 mg, 333 mg tablet | 3 | |
| ERY-TAB DR 500 MG TABLET | 3 | |
| erythromycin | 1 | |
| famciclovir | 1 | |
| FLAGYL | 3 | |
| fluconazole | 1 | |
| flucytosine | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| INFECTIONS (cont.) | | |
|---|------|------------|
| Medication | Tier | Notes |
| fosfomycin | 1 | |
| HARVONI | 2 | SP, PA, QL |
| hydroxychloroquine | 1 | |
| IMPAVIDO | 3 | PA |
| itraconazole | 1 | |
| KITABIS PAK | 3 | SP, PA, QL |
| LAGEVRIO (EUA) | 2 | QL |
| levofloxacin | 1 | |
| LIKMEZ | 3 | PA |
| LIVTENCITY | 3 | SP, PA, QL |
| MACROBID | 3 | |
| MACRODANTIN | 3 | |
| MALARONE | 3 | PA |
| methenamine | 1 | |
| metronidazole | 1 | |
| minocycline | 1 | |
| minocycline er tablet | 1 | QL |
| mondoxine nl | 1 | |
| nitazoxanide | 1 | |
| nitrofurantoin capsule, 25 mg/5 ml suspension | 1 | |
| NUZYRA | 3 | SP, PA, QL |
| nystatin | 1 | |
| oseltamivir | 1 | QL |
| PEGASYS | 2 | SP, PA |
| penicillin v potassium | 1 | |
| permethrin | 1 | |
| PLAQUENIL | 3 | PA |
| posaconazole | 1 | |
| PREVYMIS | 3 | SP |
| PRIFTIN | 3 | |
| SIVEXTRO | 3 | PA |
| SOVALDI | 2 | SP, PA, QL |

| INFECTIONS (cont.) | | |
|---|------|------------|
| Medication | Tier | Notes |
| sulfamethoxazole-tmp suspension, tablet | 1 | |
| sulfatrim | 3 | |
| SYNAGIS | 3 | SP, PA |
| TAMIFLU | 3 | QL |
| terbinafine | 1 | |
| THALOMID | 2 | SP, PA |
| TOBI PODHALER | 2 | SP, PA, QL |
| tobramycin ampule | 1 | SP, PA, QL |
| valacyclovir | 1 | |
| valganciclovir | 1 | |
| VALTREX | 3 | |
| vancomycin capsule, oral solution, vial | 1 | |
| vandazole | 1 | |
| VEMLIDY | 2 | SP |
| VIVJOA | 3 | PA |
| VOSEVI | 2 | SP, PA, QL |
| XENLETA | 3 | PA, QL |
| XIFAXAN | 2 | QL |
| XOFLUZA | 3 | QL |
| ZITHROMAX | 3 | |
| ZITHROMAX TRI-PAK | 3 | |

| INFERTILITY | | |
|-----------------------|------|------------|
| Medication | Tier | Notes |
| clomiphene | 1 | OC |
| ENDOMETRIN | 2 | OC |
| FOLLISTIM AQ | 3 | SP, PA, OC |
| GONAL-F | 2 | SP, PA, OC |
| GONAL-F RFF | 2 | SP, PA, OC |
| GONAL-F RFF REDI-JECT | 2 | SP, PA, OC |
| MAKENA | 3 | PA |
| MENOPUR | 3 | SP, PA, OC |
| NOVAREL | 2 | SP, PA, OC |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| INFERTILITY (cont.) | | |
|---|------|------------|
| Medication | Tier | Notes |
| OIDREL | 2 | SP, PA, OC |
| PREGNYL | 2 | SP, PA, OC |
| MISCELLANEOUS | | |
| Medication | Tier | Notes |
| acamprosate | 1 | |
| ACCU-CHEK FASTCLIX LANCET DRUM | 1 | |
| ACCU-CHEK SOFTCLIX | 1 | |
| ADDYI | 3 | QL |
| AUSTEDO | 3 | SP, PA |
| AUSTEDO XR | 3 | SP, PA, QL |
| AUSTEDO XR TITRATION KIT | 3 | SP, PA, QL |
| BERINERT | 3 | SP, PA |
| BOTOX | 3 | SP, PA |
| CARBAGLU | 3 | SP |
| CERDELGA | 2 | SP, PA |
| CEREZYME | 3 | SP, PA |
| cinacalcet | 1 | SP |
| CINRYZE | 3 | SP, PA |
| CVS KETONE CARE TEST STRIP | 3 | |
| deferiprone | 1 | SP, PA |
| DYSPORT | 3 | SP, PA |
| ELFABRIO | 3 | SP, PA |
| EVRYSDI | 3 | SP, PA |
| FABRAZYME | 3 | SP, PA |
| GALAFOLD | 3 | SP, PA |
| HAEGARDA | 3 | SP, PA |
| INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE | 3 | SP, PA, QL |
| KETOSTIX REAGENT | 3 | |
| MYALEPT | 3 | SP, PA |
| NITYR | 2 | SP, PA |
| NUDEXTA | 3 | QL |
| ONETOUCH DELICA PLUS LANCET | 1 | |

| MISCELLANEOUS (cont.) | | |
|-------------------------------|------|------------|
| Medication | Tier | Notes |
| ONETOUCH ULTRASOFT LANCET | 1 | |
| ONETOUCH ULTRASOFT 2 LANCET | 1 | |
| ORFADIN | 3 | SP, PA |
| PALYNZIQ | 3 | SP, PA |
| POGO AUTOMATIC TEST CARTRIDGE | 3 | |
| PRECISION XTR B-KETONE STRIP | 3 | |
| RADICAVA | 3 | SP, PA |
| RADICAVA ORS | 3 | SP, PA, QL |
| RELION KETONE TEST STRIP | 3 | |
| RUCONEST | 3 | SP, PA |
| sapropterin | 1 | SP, PA |
| sodium chloride | 1 | |
| SOFT TOUCH LANCET | 1 | |
| SPINRAZA | 3 | SP, PA |
| STRENSIQ | 2 | SP, PA |
| TEGLUTIK | 3 | SP, PA |
| TEGSEDI | 3 | SP, PA |
| TIGLUTIK | 3 | SP, PA |
| TRUEPLUS KETONE TEST STRIP | 3 | |
| VIVITROL | 2 | SP |
| VOXZOGO | 3 | SP, PA |
| VYLEESI | 3 | SP, PA, QL |
| VYNDAMAX | 3 | SP, PA, QL |
| VYVGART HYTRULO | 3 | SP, PA |
| MULTIPLE SCLEROSIS | | |
| Medication | Tier | Notes |
| AVONEX | 2 | SP, PA |
| AVONEX PEN | 2 | SP, PA |
| BAFIERTAM | 2 | SP, PA |
| BETASERON | 2 | SP, PA |
| dalfampridine er | 1 | SP, PA |
| dimethyl | 1 | SP |
| FIRDAPSE | 3 | SP, PA, QL |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| MULTIPLE SCLEROSIS (cont.) | | |
|----------------------------|------|--------|
| Medication | Tier | Notes |
| glatiramer | 1 | SP |
| glatopa | 1 | SP |
| KESIMPTA PEN | 2 | SP, PA |
| MAVENCLAD | 3 | SP, PA |
| MAYZENT | 2 | SP, PA |
| OCREVUS | 2 | SP, PA |
| PLEGRIDY | 2 | SP, PA |
| PLEGRIDY PEN | 2 | SP, PA |
| PONVORY | 2 | SP, PA |
| REBIF | 2 | SP, PA |
| REBIF REBIDOSE | 2 | SP, PA |
| TYSABRI | 3 | SP, PA |
| VUMERITY | 2 | SP, PA |
| NUTRITIONAL/DIETARY | | |
| Medication | Tier | Notes |

| | | |
|---|---|-------|
| ACCRUFER | 3 | |
| AURYXIA | 3 | QL |
| betaine anhydrous | 1 | SP |
| calcitriol | 1 | |
| CYSTADANE | 3 | SP |
| FLORIVA | 3 | PPACA |
| fluoride | 1 | PPACA |
| folic acid 1 mg, 1000 mcg tablet, 5 mg/ml, 50 mg/10 ml vial | 1 | |
| klor-con 8 meq, 10 meq, 20 meq | 1 | |
| klor-con m10, m20 | 1 | |
| klor-con m15 | 2 | |
| K-TAB ER | 3 | |
| lanthanum | 1 | |
| LOKELMA | 2 | |
| ludent fluoride | 1 | PPACA |
| MONOFERRIC | 3 | PA |

| NUTRITIONAL/DIETARY (cont.) | | |
|--|------|-------|
| Medication | Tier | Notes |
| multivitamin-fluoride | 1 | PPACA |
| multivitamin-fluoride-iron | 1 | PPACA |
| multivitamin-iron-fluoride | 1 | PPACA |
| mvc-fluoride | 3 | PPACA |
| OB COMPLETE CAPLET | 3 | |
| OB COMPLETE ONE, PETITE, PREMIER, WITH DHA | 2 | |
| PHOSLYRA | 3 | |
| POLY-VI-FLOR | 3 | PPACA |
| POLY-VI-FLOR WITH IRON CHEWABLE TABLET | 3 | PPACA |
| potassium chloride liquid, packet, solution, vial | 1 | |
| potassium chloride er | 1 | |
| POTASSIUM CHLORIDE 2 MEQ/ML CONCENTRATE | 3 | |
| PRENATE CHEWABLE, DHA, ELITE, ENHANCE, ESSENTIAL, MINI, PIXIE, RESTORE | 2 | |
| PRIMACARE | 2 | |
| QUFLORA PED DROPS, 1 MG CHEWABLE TABLET | 3 | PPACA |
| QUFLORA PED 0.25 MG, 0.5 MG CHEWABLE TABLET | 3 | |
| ROCALTROL | 3 | |
| sevelamer | 1 | |
| sodium fluoride | 1 | PPACA |
| TRI-VI-FLOR | 2 | PPACA |
| tri-vit-fluor | 1 | PPACA |
| tri-vite-fluoride | 1 | PPACA |
| VELPHORO | 2 | |
| VELTASSA | 2 | |
| vitamin d2 1.25mg (50,000 unit) | 1 | |
| vit a,c,d-fluoride | 1 | PPACA |

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| OSTEOPOROSIS PRODUCTS | | |
|---------------------------|------|------------|
| Medication | Tier | Notes |
| alendronate | 1 | |
| BINOSTO | 3 | ST |
| EVENITY | 3 | SP, PA, QL |
| EVISTA | 3 | |
| FOSAMAX | 3 | ST |
| ibandronate syringe, vial | 1 | SP |
| ibandronate tablet | 1 | |
| PROLIA | 3 | SP, PA |
| raloxifene | 1 | PPACA |
| XGEVA | 3 | SP, PA |

| PAIN RELIEF AND INFLAMMATORY DISEASE | | |
|---|------|------------|
| Medication | Tier | Notes |
| acetaminophen-codeine | 1 | PA |
| ACTEMRA | 2 | SP, PA, QL |
| ACTEMRA ACTPEN | 2 | SP, PA, QL |
| ADALIMUMAB-ADAZ(CF) | 2 | SP, PA, QL |
| AIMOVIG | 2 | PA |
| AJOVY | 2 | PA |
| allopurinol 100 mg, 300 mg tablet, vial | 1 | |
| ARAVA | 3 | |
| ARCALYST | 3 | SP, PA |
| AVSOLA | 2 | SP, PA |
| baclofen syringe, tablet, vial | 1 | |
| BELBUCA | 2 | QL |
| BENLYSTA | 3 | SP, PA |
| BIMZELX | 3 | SP, PA, QL |
| buprenorphine | 1 | QL |
| butalbital-acetaminophen-caffeine | 1 | QL |
| BUTRANS | 3 | QL |
| carisoprodol | 1 | |
| CELEBREX | 3 | QL, ST |
| celecoxib | 1 | QL |
| CIMZIA | 2 | SP, PA, QL |

| PAIN RELIEF AND INFLAMMATORY DISEASE (cont.) | | |
|--|------|------------|
| Medication | Tier | Notes |
| colchicine | 1 | |
| COSENTYX PEN, SYRINGE | 3 | SP, PA, QL |
| cyclobenzaprine | 1 | |
| diclofenac 1% gel, 50 mg tablet | 1 | QL |
| diclofenac er | 1 | |
| DUPIXENT | 2 | SP, PA |
| DUROLANE | 2 | SP, PA |
| EC-NAPROSYN | 3 | ST |
| ec-naproxen | 1 | |
| eletriptan | 1 | QL |
| EMGALITY | 2 | PA |
| ENBREL | 2 | SP, PA, QL |
| ENBREL MINI | 2 | SP, PA, QL |
| ENBREL SURECLICK | 2 | SP, PA, QL |
| endocet | 1 | PA |
| ENSPRYNG | 3 | SP, PA |
| EUFLEXXA | 2 | SP, PA |
| febuxostat | 1 | QL |
| FEXMID | 3 | |
| FLECTOR | 2 | PA, QL |
| GABLOFEN | 3 | |
| GEL-ONE | 3 | SP, PA |
| GELSYN-3 | 2 | SP, PA |
| GENVISC 850 | 3 | SP, PA |
| glydo | 1 | |
| HUMIRA | 2 | SP, PA, QL |
| HYALGAN | 3 | SP, PA |
| hydrocodone-acetaminophen | 1 | PA |
| hydromorphone | 1 | PA |
| hydromorphone er | 1 | PA |
| HYMOVIS | 3 | SP, PA |
| HYRIMOZ(CF) | 2 | SP, PA, QL |
| HYSINGLA ER | 2 | PA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

| Medication | Tier | Notes |
|--|------|------------|
| ibu 400 mg, 600 mg, 800 mg tablet | 1 | |
| ILARIS | 3 | SP, PA |
| ILUMYA | 3 | SP, PA, QL |
| indomethacin 25 mg, 50 mg capsule, suspension, 50 mg suppository | 1 | |
| indomethacin er | 1 | |
| INFLECTRA | 2 | SP, PA |
| ketorolac carpject, syringe, tablet, vial | 1 | QL |
| KEVZARA | 3 | SP, PA, QL |
| KINERET | 3 | SP, PA, QL |
| KRYSTEXXA | 3 | SP, PA |
| leflunomide | 1 | |
| LICART | 2 | PA, QL |
| lidocaine | 1 | QL |
| lidocaine viscous | 1 | |
| meloxicam tablet | 1 | |
| methocarbamol | 1 | |
| MITIGARE | 2 | |
| MONOVISC | 3 | SP, PA |
| morphine | 1 | PA |
| morphine er | 1 | PA |
| NAPROSYN TABLET | 3 | ST |
| NUCYNTA | 2 | PA |
| NUCYNTA ER | 3 | PA |
| NURTEC ODT | 2 | PA, QL |
| OLUMIANT | 3 | SP, PA, QL |
| ORENCIA | 3 | SP, PA, QL |
| ORTHOVISC | 3 | SP, PA |
| OTEZLA | 2 | SP, PA, QL |
| OTREXUP | 2 | PA |
| OXAYDO | 3 | PA |
| oxycodone | 1 | PA |

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

| Medication | Tier | Notes |
|--|------|------------|
| OXYCODONE ER | 1 | PA |
| oxycodone-acetaminophen | 1 | PA |
| PERCOCET | 3 | PA |
| prolate tablet | 1 | PA |
| QULIPTA | 2 | PA, QL |
| RENFLEXIS | 3 | SP, PA |
| RINVOQ | 2 | SP, PA, QL |
| rizatriptan | 1 | QL |
| ROXYBOND | 3 | PA |
| SAVELLA | 2 | |
| SIMLANDI(CF) | 2 | SP, PA, QL |
| SIMPONI 50 MG/0.5 ML PEN INJECTOR, SYRINGE | 3 | SP, PA, QL |
| SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE | 2 | SP, PA, QL |
| SIMPONI ARIA | 2 | SP, PA |
| SKYRIZI | 2 | SP, PA, QL |
| STELARA | 2 | SP, PA, QL |
| sumatriptan | 1 | QL |
| SUPARTZ FX | 3 | SP, PA |
| SYNISC | 3 | SP, PA |
| SYNISC-ONE | 3 | SP, PA |
| TALTZ | 2 | SP, PA, QL |
| TOFIDENCE | 3 | SP, PA |
| tramadol 50 mg tablet | 1 | QL |
| tramadol er | 1 | QL |
| TREMFYA | 2 | SP, PA, QL |
| TRILURON | 3 | SP, PA |
| TRIVISC | 3 | SP, PA |
| UBRELVY | 2 | PA, QL |
| vanadom | 1 | |
| VISCO-3 | 3 | SP, PA |
| XELJANZ | 2 | SP, PA, QL |

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Tier 1 – Generics

Tier 2 – Preferred Brands

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PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

| Medication | Tier | Notes |
|------------|------|------------|
| XELJANZ XR | 2 | SP, PA, QL |
| XIAFLEX | 3 | SP, PA |
| XTAMPZA ER | 2 | PA |
| ZANAFLEX | 3 | |
| zebutal | 3 | QL |
| ZEPOSIA | 2 | SP, PA |
| ZTLIDO | 2 | |

PARKINSON'S DISEASE

| Medication | Tier | Notes |
|-----------------------|------|------------|
| APOKYN | 3 | SP, PA |
| AZILECT | 3 | QL |
| benztropine | 1 | |
| carbidopa-levodopa | 1 | |
| carbidopa-levodopa er | 1 | |
| DUOPA | 3 | SP |
| INBRIJA | 3 | SP, PA |
| MIRAPEX ER | 3 | QL |
| NEUPRO | 3 | |
| NOURIANZ | 3 | SP, PA, QL |
| pramipexole | 1 | |
| pramipexole er | 1 | QL |
| ropinirole | 1 | |
| ropinirole er | 1 | |
| RYTARY | 3 | |
| SINEMET | 3 | |
| XADAGO | 3 | ST |

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

| Medication | Tier | Notes |
|-------------------|------|-------|
| ABILIFY ASIMTUFII | 2 | QL |
| ABILIFY MAINTENA | 2 | QL |

SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont.)²

| Medication | Tier | Notes |
|-------------------|------|--------|
| aripiprazole | 1 | QL |
| aripiprazole odt | 1 | |
| ARISTADA | 2 | QL |
| ARISTADA INITIO | 2 | |
| asenapine | 1 | |
| CAPLYTA | 3 | QL, ST |
| chlorpromazine | 1 | |
| clozapine | 1 | |
| clozapine odt | 1 | |
| INVEGA ER | 3 | QL, ST |
| INVEGA HAFYERA | 3 | QL |
| INVEGA SUSTENNA | 3 | QL |
| INVEGA TRINZA | 3 | QL |
| olanzapine odt | 1 | |
| olanzapine tablet | 1 | |
| olanzapine vial | 1 | |
| paliperidone er | 1 | QL |
| PERSERIS | 3 | QL |
| quetiapine | 1 | |
| quetiapine er | 1 | |
| REXULTI | 2 | QL, ST |
| risperidone | 1 | |
| risperidone odt | 1 | |
| RYKINDO | 3 | QL |
| SAPHRIS | 3 | ST |
| SECUADO | 3 | ST |
| SEROQUEL | 3 | ST |
| SEROQUEL XR | 3 | ST |
| UZEDY | 3 | QL |
| VRAYLAR | 3 | QL, ST |
| ziprasidone | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| SEIZURE DISORDERS | | |
|---|------|--------|
| Medication | Tier | Notes |
| APTIOM | 3 | PA, QL |
| BRIVIACT | 3 | PA |
| carbamazepine | 1 | |
| carbamazepine er | 1 | |
| CARBATROL | 3 | PA |
| clonazepam | 1 | |
| DIASTAT | 3 | PA |
| DIASTAT ACUDIAL | 3 | PA |
| DILANTIN | 3 | PA |
| divalproex dr | 1 | |
| divalproex er | 1 | |
| EPIDIOLEX | 3 | SP, PA |
| epitol | 1 | |
| FINTEPLA | 3 | SP, PA |
| FYCOMPA | 2 | PA, QL |
| gabapentin | 1 | |
| KLONOPIN | 3 | PA |
| lacosamide | 1 | |
| lamotrigine | 1 | |
| lamotrigine (blue), (green), (orange) | 1 | |
| lamotrigine er | 1 | |
| lamotrigine odt | 1 | |
| lamotrigine odt (blue), (green), (orange) | 1 | |
| levetiracetam | 1 | |
| levetiracetam er | 1 | |
| LYRICA | 3 | PA |
| NAYZILAM | 2 | PA, QL |
| NEURONTIN | 3 | PA |
| oxcarbazepine | 1 | |
| OXTELLAR XR | 3 | PA |
| PHENYTEK | 3 | PA |
| pregabalin | 1 | |

| SEIZURE DISORDERS (cont.) | | |
|-------------------------------------|------|--------|
| Medication | Tier | Notes |
| roweepra | 1 | |
| SPRITAM | 3 | PA |
| subvenite | 1 | |
| subvenite (blue), (green), (orange) | 1 | |
| TEGRETOL | 3 | PA |
| TEGRETOL XR | 3 | PA |
| topiramate | 1 | |
| topiramate er | 1 | QL |
| VALTOCO | 3 | PA, QL |
| vigabatrin | 1 | SP |
| vigadrone powder packet | 1 | SP |
| VIMPAT SOLUTION | 2 | |
| VIMPAT VIAL | 3 | |
| XCOPRI | 3 | PA, QL |

| SKIN CONDITIONS | | |
|---------------------------------|------|------------|
| Medication | Tier | Notes |
| ABSORICA | 3 | |
| adapalene-benzoyl peroxide | 1 | |
| ADBRY | 2 | SP, PA |
| amnesteem | 1 | |
| avar | 1 | |
| azelaic acid | 1 | |
| bp 10-1 | 1 | |
| CIBINQO | 2 | SP, PA, QL |
| claravis | 1 | |
| CLEOCIN T | 3 | |
| clindacin etz 1% pledget | 1 | |
| clindacin p | 1 | |
| clindamycin | 1 | |
| clindamycin-benzoyl peroxide | 1 | |
| clobetasol | 1 | |
| clodan cream, shampoo, solution | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| SKIN CONDITIONS (cont.) | | |
|--|------|--------|
| Medication | Tier | Notes |
| CLODERM | 3 | ST |
| clotrimazole-betamethasone | 1 | |
| dapsone | 1 | |
| DROPSAFE PREP PAD | 1 | |
| DRYSOL | 3 | |
| EFUDEX | 3 | |
| EUCRISA | 2 | ST |
| EVOCLIN | 3 | |
| fluorouracil | 1 | |
| halobetasol | 1 | |
| isotretinoin | 1 | |
| ketoconazole | 1 | |
| ketodan foam | 1 | |
| metronidazole | 1 | |
| mupirocin 2% ointment | 1 | |
| myorisan | 1 | |
| NAFTIN | 2 | |
| neuac gel | 1 | |
| OPZELURA | 3 | PA |
| pimecrolimus | 1 | |
| PRAMOSONE 1% LOTION, 1%-1% CREAM, OINTMENT, 2.5%-1% OINTMENT | 2 | |
| PRAMOSONE 2.5%-1% CREAM, LOTION | 3 | |
| REGRANEX | 3 | PA, QL |
| rosadan cream, gel | 1 | |
| SANTYL | 2 | QL |
| sodium sulfacetamide-sulfur | 1 | |
| SOOLANTRA | 3 | |
| sss 10-5 | 1 | |
| sulfacleanse 8-4 | 1 | |
| TACLONEX SUSPENSION | 3 | |
| tacrolimus | 1 | |

| SKIN CONDITIONS (cont.) | | |
|------------------------------------|------|------------|
| Medication | Tier | Notes |
| tazarotene cream, gel | 1 | |
| TEMOVATE | 3 | ST |
| tretinoin | 1 | PA, AGE |
| triderm | 1 | |
| TWYNEO | 3 | |
| VALCHLOR | 3 | SP |
| XEPI | 3 | |
| zenatane | 1 | |
| SLEEP DISORDERS/SEDATIVES | | |
| Medication | Tier | Notes |
| DAYVIGO | 2 | QL, ST |
| doxepin | 1 | QL |
| eszopiclone | 1 | |
| HETLIOZ | 3 | SP, PA |
| HETLIOZ LQ | 3 | SP, PA |
| LUMRYZ ER | 3 | SP, PA, QL |
| modafinil | 1 | PA |
| SUNOSI | 2 | PA, QL |
| WAKIX | 3 | SP, PA, QL |
| XYWAV | 3 | SP, PA, QL |
| zolpidem sublingual tablet, tablet | 1 | |
| zolpidem er | 1 | QL |
| SMOKING CESSATION ² | | |
| Medication | Tier | Notes |
| APO-VARENICLINE | 3 | |
| bupropion sr 150 mg | 1 | PPACA |
| NICOTROL | 2 | PPACA |
| NICOTROL NS | 2 | PPACA |
| varenicline | 1 | PPACA |
| SUBSTANCE ABUSE | | |
| Medication | Tier | Notes |
| BRIXADI | 3 | SP |
| buprenorphine-naloxone | 1 | |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

| SUBSTANCE ABUSE (cont.) | | |
|-------------------------|------|-------|
| Medication | Tier | Notes |
| KLOXXADO | 2 | QL |
| LUCEMYRA | 2 | QL |
| NARCAN | 2 | QL |
| OPVEE | 3 | QL |
| SUBLOCADE | 3 | SP |
| SUBOXONE | 3 | |
| ZIMHI | 3 | QL |
| ZUBSOLV | 2 | |

| TRANSPLANT MEDICATIONS | | |
|------------------------|------|------------|
| Medication | Tier | Notes |
| ASTAGRAF XL | 3 | SP |
| ENVARUS XR | 3 | SP |
| everolimus | 1 | SP |
| LUPKYNIS | 3 | SP, PA, QL |
| mycophenolate | 1 | SP |
| mycophenolic acid | 1 | SP |
| PROGRAF AMPULE | 2 | SP |
| PROGRAF GRANULE PACKET | 3 | SP |
| REZUROCK | 3 | SP, PA |
| sirolimus | 1 | SP |
| tacrolimus | 1 | SP |
| ZORTRESS | 3 | SP |

| URINARY TRACT CONDITIONS | | |
|---|------|-------|
| Medication | Tier | Notes |
| alfuzosin er | 1 | |
| CYSTAGON | 2 | SP |
| dutasteride | 1 | |
| ELMIRON | 2 | |
| finasteride | 1 | |
| K-PHOS NO. 2 | 2 | |
| K-PHOS ORIGINAL | 2 | |
| oxybutynin solution, syrup, 5 mg tablet | 1 | |

| URINARY TRACT CONDITIONS | | |
|---------------------------------------|------|-------|
| Medication | Tier | Notes |
| oxybutynin er | 1 | |
| phenazopyridine 100 mg, 200 mg tablet | 1 | |
| potassium er | 1 | |
| PROSCAR | 3 | |
| PYRIDIUM | 3 | |
| RAPAFLO | 3 | QL |
| silodosin | 1 | QL |
| solifenacin | 1 | QL |
| tamsulosin | 1 | |
| tolterodine | 1 | |
| tolterodine er | 1 | QL |
| trospium | 1 | |
| trospium er | 1 | |
| UROCIT-K | 3 | |
| UROXATRAL | 3 | |

VACCINES

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

| Medication | Tier | Notes |
|---------------|------|-------|
| ABRYSCO | 3 | PPACA |
| ACTHIB | 3 | PPACA |
| ADACEL TDAP | 3 | PPACA |
| AFLURIA | 3 | PPACA |
| AREXVY | 3 | PPACA |
| BEXSERO | 3 | PPACA |
| BOOSTRIX TDAP | 3 | PPACA |
| CAPVAXINE | 3 | PPACA |
| COMIRNATY | 3 | PPACA |
| DAPTACEL DTAP | 3 | PPACA |
| DENGVAIXA | 3 | PPACA |
| ENGRIX-B | 3 | PPACA |
| FLUAD | 3 | PPACA |

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Cigna Healthcare Performance 3-Tier Prescription Drug List

VACCINES (cont.)

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| Medication | Tier | Notes |
|---------------------------|------|-------|
| FLUARIX | 3 | PPACA |
| FLUBLOK | 3 | PPACA |
| FLUCELVAX | 3 | PPACA |
| FLULAVAL | 3 | PPACA |
| FLUMIST | 3 | PPACA |
| FLUZONE HIGH-DOSE | 3 | PPACA |
| FLUZONE | 3 | PPACA |
| GARDASIL 9 | 3 | PPACA |
| HEPLISAV-B | 3 | PPACA |
| HIBERIX | 3 | PPACA |
| INFANRIX DTAP | 3 | PPACA |
| IPOL | 3 | PPACA |
| JANSSEN COVID | 3 | PPACA |
| KINRIX | 3 | PPACA |
| MENACTRA | 3 | |
| MENQUADFI | 3 | PPACA |
| MENVEO A-C-Y-W-135-DIP | 3 | PPACA |
| M-M-R II VACCINE | 3 | PPACA |
| MODERNA COVID | 3 | PPACA |
| MRESVIA | 3 | PPACA |
| NOVAVAX COVID | 3 | PPACA |
| PEDIARIX | 3 | PPACA |
| PEDVAXHIB | 3 | PPACA |
| PENBRAYA | 3 | PPACA |
| PENTACEL | 3 | PPACA |
| PENTACEL ACTHIB COMPONENT | 3 | PPACA |
| PFIZER COVID | 3 | PPACA |
| PNEUMOVAX 23 | 3 | PPACA |
| PREHEVBRIO | 3 | PPACA |
| PREVNAR 20 | 3 | PPACA |
| PRIORIX | 3 | PPACA |

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.

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

VITAMINS

| Medication | Tier | Notes |
|------------------------|------|-------|
| POLY-VI-FLOR | 3 | PPACA |
| POLY-VI-FLOR WITH IRON | 3 | PPACA |

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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 January 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 | • High cholesterol |
| • Allergies | • Osteoporosis |
| • Bladder problems | • Pain |
| • Breathing problems | • Skin conditions |
| • Depression | • Sleep disorders |
| • High blood pressure | |

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 you meet coverage

requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (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

Frequently Asked Questions (FAQs) *(cont.)*

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.

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

Frequently Asked Questions (FAQs) (cont.)

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

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

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.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 specially-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 specially-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 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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