Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

Coverage starting July 1, 2026

968449 g NPF 4-Tier Specialty 05/26 © 2026 Cigna Healthcare.

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View your medication coverage online – 24/7.

This list was last updated on 05/01/2026.* Go online to see the latest list of covered medications.

- **Before your plan starts:** Go to **Cigna.com/druglist.** Select **National Preferred 4 Tier Specialty** from the dropdown menu. Then type your medication name or view the full drug list.
- **After your plan starts:** Log in to **myCigna® app[1] or myCigna.com®** and use the Price a Medication tool to check your coverage and costs.

Questions?

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

* **Last updated:** 05/01/2026, for changes starting 07/01/2026 | **Next planned update:** 08/01/2026, for changes starting 01/01/2027 | **Drug list originally created:** 01/01/2023

About this drug list.

This list shows the generic and brand-name medications on the **Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List** starting July 1, 2026. Medications are grouped by the condition they treat and listed in alphabetical (A-Z) order.

This drug list changes often, so it may not include every covered medication. Your plan may not cover all medications listed here. To see what your plan covers, log in to the myCigna app or **myCigna.com**.

How to read this drug list.

Use the table below to see how medications are covered.*

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	**Tier**	**Notes**
ALTACE	3	
amlodipine	1	
amlodipine- benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
atenolol	1	
bisoprolol-hctz	1	
CALAN SR	3	ST
CAMZYOS	4	SP, PA QL
candesartan	1	
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
cartia xt	1	
carvedilol	1	
carvedilol er	1	
CATAPRES-TTS	3	QL
clonidine patch	1	QL
clonidine tablet	1	
COREG CR	3	ST
CORGARD	3	ST
DEMSER	3	PA
diltiazem tablet	1	
diltiazem 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	

Medications are grouped by the **condition** they treat.

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

Medications are listed in **alphabetical (A-Z) order** within each column.

Specialty medications have **SP** listed in the Notes column.

Medications with extra coverage rules have **letters** listed in the Notes column.

Brand-name medications are in **ALL CAPITAL** letters.

Generic medications are in all **lowercase** letters.

* This is just an example and may not show current coverage for these medications.

Tiers

We group covered medications into cost-share levels called "tiers." Usually, the higher the tier, the more the medication will cost you to fill.

Tier 1	**Generics. These medications are covered at your plan's lowest cost-share.** Generics work the same and provide the same health benefits as brand-name medications – and usually cost much less.[3]	**$**
Tier 2	**Preferred Brands.** These medications usually have one or more lower-cost generic option that treats the same condition.	**$$**
Tier 3	**Non-Preferred Brands.** These medications usually have a generic or preferred brand option that treats the same condition.	**$$$**
Tier 4	**Brand-Name Specialty. These medications are covered at your plan's highest cost-share.** Generic specialty medications are covered on a lower tier.	**$$$$**

Letters in the Notes column

In this drug list, some medications have **letters** 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 see if you meet coverage rules for the medication.
QL	**Quantity Limit*** – Your plan only covers a certain amount of this medication at one time. If your doctor wants you to fill more than your plan covers, your doctor's office can contact us to see if more can be approved.
ST	**Step Therapy*** – Your plan doesn't cover this medication until you try one or more lower-cost preferred options first. If you've already tried a preferred medication (or your doctor doesn't think one's right for you), your doctor's office can contact us to see if it can be covered.
AGE	**Age Requirement*** – Your plan will only cover this medication if you're a certain age or in a certain age range. If you're not in the approved age range and your doctor wants you to take it, your doctor's office can contact us to see if the medication can be covered.
SP	This is a **specialty medication**, which treats rare and complex medical conditions. Some plans have extra coverage rules for specialty medications. For example, your plan may put them on a specialty tier (at the highest copay or coinsurance), only cover up to a 30-day supply at one time, or require you to use a certain pharmacy.
PPACA	The **Patient Protection and Affordable Care Act (PPACA)** , known as "health care reform," requires health plans to cover the full cost of this medication. This means you don't have to pay anything to fill them – no copay, no coinsurance, no deductible.
OC	This medication isn't usually covered, but some plans may choose to include it. Log in to the myCigna app or **myCigna.com** to see if your plan covers it.

* Not all plans have extra coverage rules for certain medications – like prior authorization, quantity limits, Step Therapy, or age requirements. Log in to the myCigna app or myCigna.com, or check your plan details, to see if yours does.

How to find your medication.

Medications are listed in alphabetical (A-Z) order by the condition they treat. Conditions are also listed in alphabetical (A-Z) order. To find your medication, look up your condition in the table below. Then go to the page shown next to it to see which medications are covered.

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

AIDS/HIV

Medication	Tier	Notes
abacavir-lamivudine	1	SP
APRETUDE	4	SP, PPACA
BIKTARVY	4	SP
CIMDUO	4	SP
DELSTRIGO	4	SP
DESCOVY	4	SP, PPACA
DOVATO	4	SP
efavirenz-emtricitabine-tenofovir	1	SP
emtricitabine-tenofovir 200 mg-300 mg tablet	1	SP, PPACA
GENVOYA	4	SP
ISENTRESS	4	SP
ISENTRESS HD	4	SP
JULUCA	4	SP
ODEFSEY	4	SP
PIFELTRO	4	SP
PREZISTA ORAL SUSPENSION; 75 MG, 150 MG TABLET	4	SP
PREZISTA 600 MG, 800 MG TABLET	4	SP
ritonavir	1	SP
SYMFI	4	SP
SYMTUZA	4	SP
tenofovir	1	SP
TIVICAY	4	SP
TIVICAY PD	4	SP
TRIUMEQ	4	SP
TRIUMEQ PD	4	SP
VIREAD 300 MG TABLET	4	SP
YEZTUGO	4	SP, PPACA

ALLERGY/NASAL SPRAYS

Medication	Tier	Notes
AUVI-Q	2	QL
azelastine 0.1% (137 mcg) spray	1	QL
cromolyn oral concentrate	1	
desloratadine tablet	1	QL
epinephrine 0.15 mg, 0.3 mg auto-injector (by Mylan SP-Viatris, Teva USA); nasal solution	1	QL
EPIPEN	3	QL, ST
EPIPEN JR	3	QL, ST
fluticasone spray	1	QL
GASTROCROM	3	
GRASTEK	2	PA
hydroxyzine oral solution	1	
hydroxyzine tablet	1	
hydroxyzine capsule	1	
ipratropium spray	1	QL
mometasone spray	1	QL, ST
NEFFY	2	QL
ODACTRA	2	PA
olopatadine spray	1	QL
ORALAIR	2	PA
PATANASE	3	QL
RAGWITEK	2	PA
RYALTRIS	3	QL, ST
XHANCE	2	QL, ST

ALZHEIMER'S DISEASE

Medication	Tier	Notes
ARICEPT	3	ST
donepezil	1	ST

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

ALZHEIMER'S DISEASE *(cont.)*

Medication	Tier	Notes
donepezil odt	1	
EXELON	3	ST
memantine oral solution, tablet	1	
MEMANTINE 5-10 MG TITRATION PACK	3	
memantine er	1	
NAMZARIC	2	ST
pyridostigmine oral solution; 60 mg tablet	1	
pyridostigmine er 180 mg tablet	1	
rivastigmine	1	

ANXIETY/DEPRESSION/BIPOLAR DISORDER[2]

Medication	Tier	Notes
alprazolam	1	
alprazolam er	1	
alprazolam intensol	1	
alprazolam odt	1	
alprazolam xr	1	
amitriptyline	1	
ANAFRANIL	3	
ATIVAN TABLET	3	
AUVELITY	3	QL, ST
bupropion	1	
bupropion sr	1	QL
bupropion xl 150 mg, 300 mg tablet	1	QL, ST
buspirone	1	
citalopram tablet	1	QL
citalopram oral solution	1	
clomipramine	1	
DESVENLAFAXINE ER 50 MG, 100 MG TABLET	3	QL, ST
desvenlafaxine succinate er 25 mg, 50 mg, 100 mg tablet	1	QL, ST

ANXIETY/DEPRESSION/BIPOLAR DISORDER[2] *(cont.)*

Medication	Tier	Notes
duloxetine	1	QL, ST
EMSAM	3	
escitalopram oral solution, tablet	1	QL, ST
FETZIMA	2	QL, ST
fluoxetine oral solution, tablet	1	QL, ST
fluoxetine dr	1	QL, ST
fluoxetine capsule	1	QL
fluvoxamine	1	QL
fluvoxamine er	1	QL, ST
lorazepam tablet	1	
lorazepam oral concentrate	1	
lorazepam intensol	1	
mirtazapine	1	
mirtazapine odt	1	
NUPLAZID	4	SP, PA, QL
PAMELOR	3	
paroxetine oral suspension	1	ST
paroxetine tablet	1	QL
paroxetine cr	1	QL, ST
paroxetine er	1	QL, ST
PAXIL	3	QL, ST
PAXIL CR	3	QL, ST
REMERON	3	
sertraline capsule, oral concentrate	1	QL, ST
sertraline tablet	1	QL
SPRAVATO	4	SP, PA
trazodone	1	
TRINTELLIX	3	QL, ST
venlafaxine	1	QL
venlafaxine er capsule	1	QL
venlafaxine er tablet	1	QL, ST
ZURZUVAE	4	SP, QL

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ASTHMA/COPD/RESPIRATORY

Medication	Tier	Notes
ADEMPAS	4	SP, PA, QL
ADVAIR HFA	2	PA, QL
AIRSUPRA	2	
albuterol	1	
albuterol hfa	1	QL
ALYFTREK	4	SP, PA, QL
ambrisentan	1	SP, PA, QL
ANORO ELLIPTA	2	QL
ASMANEX	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	3	QL
BREO ELLIPTA	2	PA, QL
breyna	1	PA, QL
BREZTRI AEROSPHERE	2	QL
BRINSUPRI	4	SP, PA
BRONCHITOL	4	SP, PA
budesonide inhalation suspension	1	QL
budesonide-formoterol	1	PA, QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	PA, QL
FASENRA PEN	4	SP, PA, QL
fluticasone-salmeterol 100-50, 250-50, 500-50	1	PA, QL
INCRUSE ELLIPTA	2	QL
JASCAYD	4	SP, PA
KALYDECO	4	SP, PA, QL
montelukast	1	
NUCALA AUTO-INJECTOR, SYRINGE	4	SP, PA, QL
OFEV	4	SP, PA, QL
OPSUMIT	4	SP, PA, QL
OPSYNVI	4	SP, PA, QL
ORENITRAM ER	4	SP, PA, QL

ASTHMA/COPD/RESPIRATORY *(cont.)*

Medication	Tier	Notes
PULMOZYME	4	SP, PA
QVAR REDIHALER	2	QL
REVATIO TABLET	4	SP, PA, QL
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMDEKO	4	SP, PA, QL
TEZSPIRE	4	SP, PA, QL
TRACLEER	4	SP, PA, QL
TRELEGY ELLIPTA	2	QL
TRIKAFTA	4	SP, PA, QL
TYVASO	4	SP, PA
TYVASO DPI	4	SP, PA
UPTRAVI TABLET, TITRATION PACK	4	SP, PA, QL
VIJOICE	4	SP, PA, QL
wixela inhub	1	PA, QL
XOLAIR	4	SP, PA, QL
YUPELRI	2	QL
YUTREPIA	4	SP, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER[2]

Medication	Tier	Notes
ADZENYS XR-ODT	3	ST
atomoxetine	1	
AZSTARYS	2	ST
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
dexmethylphenidate	1	
dexmethylphenidate er	1	
dextroamphetamine-amphetamine	1	
dextroamphetamine-amphetamine er	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

ATTENTION DEFICIT HYPERACTIVITY DISORDER[2] *(cont.)*

Medication	Tier	Notes
EVEKEO ODT	3	
guanfacine er	1	
JORNAY PM	3	ST
METHYLIN	3	
methylphenidate	1	ST
methylphenidate cd	1	
methylphenidate er capsule	1	ST
methylphenidate er (cd)	1	
methylphenidate er (la)	1	
MYDAYIS	3	ST
QELBREE	3	ST

BLOOD MODIFIERS/BLEEDING DISORDERS

Medication	Tier	Notes
ALHEMO PEN	4	SP, PA
aminocaproic acid oral solution, tablet	1	SP
DOPTELET	4	SP, PA, QL
DOPTELET SPRINKLE	4	SP, PA, QL
EMPAVELI	4	SP, PA
FABHALTA	4	SP, PA
FULPHILA	4	SP, PA, QL
HEMLIBRA	4	SP, PA
HYMPAVZI PEN	4	SP, PA
NIVESTYM	4	SP, PA
OXBRYTA	4	SP
RHAPSIDO	2	PA
TAVALISSE	4	SP, PA, QL
TAVNEOS	4	SP, PA, QL
tranexamic acid tablet	1	SP
VOYDEYA	4	SP, PA
ZIEXTENZO	4	SP, PA, QL

BLOOD PRESSURE/HEART MEDICATIONS

Medication	Tier	Notes
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
atenolol	1	
bisoprolol-hctz	1	
CALAN SR	3	ST
CAMZYOS	4	SP, PA, QL
candesartan	1	
CARDAMYST	3	PA
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
cartia xt	1	
carvedilol	1	
carvedilol er	1	
CATAPRES-TTS	3	QL
clonidine patch	1	QL
clonidine tablet	1	
DEMSER	3	ST
diltiazem tablet	1	
diltiazem 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	
diltiazem 24hr er (xr)	1	
dilt xr	1	
dofetilide	1	
droxidopa	1	SP, PA
ENTRESTO	3	QL, ST
ENTRESTO SPRINKLE	2	QL

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BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*		
Medication	**Tier**	**Notes**
flecainide	1	
guanfacine	1	
HEMANGEOL	2	ST
hydralazine	1	
icatibant	1	SP, PA, QL
irbesartan	1	
labetalol tablet	1	
lisinopril	1	
lisinopril-hctz	1	
LOPRESSOR TABLET	3	ST
losartan	1	
losartan-hctz	1	
matzim la	1	
metoprolol tablet	1	
metoprolol er	1	
metyrosine	1	ST
MINIPRESS	3	
minoxidil tablet	1	
MULTAQ	2	
nadolol	1	
nebivolol	1	
nifedipine	1	
nifedipine er	1	
NITROSTAT	3	
olmesartan	1	
olmesartan-amlodipine-hctz	1	
olmesartan-hctz	1	
ORLADEYO	4	SP, PA, QL
prazosin	1	
PROCARDIA XL	3	ST
propranolol oral solution, tablet	1	

BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*		
Medication	**Tier**	**Notes**
propranolol er	1	
RANEXA	3	ST
ranolazine er	1	
sajazir	1	SP, PA, QL
TAKHZYRO	4	SP, PA, QL
taztia xt	1	
TEKTURNA HCT	2	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC	3	ST
TENORMIN	3	ST
tiadylt er	1	
TIAZAC	3	
valsartan	1	ST
valsartan-hctz	1	
verapamil tablet	1	
verapamil er capsule	1	
verapamil er tablet	1	
verapamil er pm	1	ST
verapamil sr	1	
VERELAN PM	3	ST
VERQUVO	2	QL
ZESTORETIC	3	
ZESTRIL	3	

BLOOD THINNERS/ANTI-CLOTTING		
Medication	**Tier**	**Notes**
ARIXTRA	4	SP
clopidogrel	1	
ELIQUIS	2	
ELIQUIS SPRINKLE	2	

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BLOOD THINNERS/ANTI-CLOTTING *(cont.)*		
Medication	**Tier**	**Notes**
enoxaparin	1	SP
fondaparinux	1	SP
FRAGMIN	4	SP
jantoven	1	
prasugrel	1	
warfarin	1	
XARELTO	2	
ZONTIVITY	3	PA

CANCER		
Medication	**Tier**	**Notes**
abiraterone	1	SP, PA, QL
ALECENSA	4	SP, PA, QL
ALUNBRIG	4	SP, PA, QL
anastrozole	1	PPACA
AUGTYRO	4	SP, PA
AYVAKIT	4	SP, PA, QL
BOSULIF	4	SP, PA, QL
BRAFTOVI	4	SP, PA, QL
BRUKINSA	4	SP, PA
CABOMETYX	4	SP, PA, QL
CALQUENCE	4	SP, PA, QL
capecitabine	1	SP, PA, QL
COMETRIQ	4	SP, PA, QL
COTELLIC	4	SP, PA, QL
DANZITEN	4	SP, PA
ENSACOVE	4	SP, PA
ERIVEDGE	4	SP, PA, QL
ERLEADA	4	SP, PA, QL
everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet; 2 mg, 3 mg 5 mg tablet for suspension	1	SP, PA, QL
exemestane	1	PPACA

CANCER *(cont.)*		
Medication	**Tier**	**Notes**
FRUZAQLA	4	SP, PA
GAVRETO	4	SP, PA, QL
GLEOSTINE	3	
hydroxyurea	1	
IBRANCE	4	SP, PA, QL
IBTROZI	4	SP, PA
ICLUSIG	4	SP, PA, QL
imatinib	1	SP, PA, QL
IMBRUVICA	4	SP, PA, QL
IMKELDI	4	SP, PA
INLYTA	4	SP, PA, QL
JAKAFI	4	SP, PA, QL
KISQALI	4	SP, PA, QL
KISQALI FEMARA CO-PACK	4	SP, PA, QL
KOSELUGO	4	SP, PA
lenalidomide	1	SP, PA, QL
LENVIMA	4	SP, PA, QL
letrozole	1	
leucovorin tablet	1	
LONSURF	4	SP, PA
LORBRENA	4	SP, PA, QL
LUMAKRAS	4	SP, PA
LYNPARZA	4	SP, PA, QL
MEKINIST	4	SP, PA, QL
MEKTOVI	4	SP, PA, QL
mercaptopurine tablet	1	
methotrexate tablet; 50 mg/2 ml, 250 mg/10 ml vial	1	
NERLYNX	4	SP, PA
NEXAVAR	4	SP, PA, QL
NINLARO	4	SP, PA, QL
NUBEQA	4	SP, PA, QL

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CANCER *(cont.)*		
Medication	**Tier**	**Notes**
ODOMZO	4	SP, PA, QL
ORGOVYX	4	SP, PA, QL
PIQRAY	4	SP, PA
POMALYST	4	SP, PA
RETEVMO	4	SP, PA, QL
ROZLYTREK	4	SP, PA, QL
RYDAPT	4	SP, PA, QL
SCEMBLIX	4	SP, PA, QL
STIVARGA	4	SP, PA, QL
TABRECTA	4	SP, PA
TAFINLAR	4	SP, PA, QL
TAGRISSO	4	SP, PA, QL
TALZENNA	4	SP, PA, QL
tamoxifen	1	PPACA
temozolomide	1	SP, PA
TIBSOVO	4	SP, PA
TRUQAP	4	SP, PA
TUKYSA	4	SP, PA, QL
VENCLEXTA	4	SP, PA, QL
VERZENIO	4	SP, PA, QL
VITRAKVI	4	SP, PA, QL
VIZIMPRO	4	SP, PA, QL
WELIREG	4	SP, PA
XALKORI	4	SP, PA, QL
XOSPATA	4	SP, PA, QL
XTANDI	4	SP, PA, QL
YONSA	4	SP, PA, QL
ZELBORAF	4	SP, PA, QL
ZYKADIA	4	SP, PA, QL

CHOLESTEROL MEDICATIONS		
Medication	**Tier**	**Notes**
atorvastatin 10 mg, 20 mg tablet	1	QL, PPACA
CADUET	3	QL, ST

CHOLESTEROL MEDICATIONS *(cont.)*		
Medication	**Tier**	**Notes**
DOJOLVI	4	SP, PA
ezetimibe	1	
fenofibrate 130 mg capsule; 40 mg, 120 mg tablet	1	ST
FENOGLIDE	3	ST
icosapent	1	PA
lovastatin	1	QL, PPACA
NEXLETOL	2	PA
NEXLIZET	2	PA
omega-3 ethyl esters	1	PA
pravastatin	1	QL, PPACA
REPATHA PUSHTRONEX, SURECLICK, SYRINGE	2	PA
rosuvastatin 5 mg, 10 mg tablet	1	QL, PPACA
simvastatin 5 mg, 10 mg, 20 mg, 40 mg tablet	1	QL, PPACA
VASCEPA	2	PA
ZYPITAMAG	3	QL, ST

CONTRACEPTION PRODUCTS		
Medication	**Tier**	**Notes**
ANNOVERA	3	QL, ST, PPACA
aurovela fe	1	PPACA
aurovela 24 fe	1	PPACA
BEYAZ	3	ST, PPACA
blisovi fe	1	PPACA
blisovi 24 fe	1	PPACA
charlotte 24 fe	1	PPACA
drospirenone-ethinyl estradiol	1	PPACA
ELLA	2	QL, PPACA
eluryng	1	PPACA
estarylla	1	PPACA
etonogestrel-ethinyl estradiol	1	PPACA
gemmily	1	PPACA
hailey fe	1	PPACA

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
hailey 24 fe	1	PPACA
jasmiel	1	PPACA
junel fe	1	PPACA
junel fe 24	1	PPACA
KYLEENA	4	SP, PPACA
larin fe	1	PPACA
larin 24 fe	1	PPACA
LILETTA	4	SP, PPACA
loryna	1	PPACA
lo-zumandimine	1	PPACA
merzee	1	PPACA
microgestin 24 fe	1	PPACA
mili	1	PPACA
MIRENA	4	SP, PPACA
mono-linyah	1	PPACA
nikki	1	PPACA
norethindrone-ethinyl estradiol-fe	1	PPACA
norgestimate-ethinyl estradiol	1	PPACA
nymyo	1	PPACA
ocella	1	PPACA
SKYLA	4	SP, PPACA
sprintec	1	PPACA
syeda	1	PPACA
tarina fe	1	PPACA
tarina fe 1-20 eq	1	PPACA
tarina 24 fe	1	PPACA
taysofy	1	PPACA
tri-estarylla	1	PPACA
tri-legest fe	1	PPACA
tri-linyah	1	PPACA
tri-lo-estarylla	1	PPACA

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
tri-lo-marzia	1	PPACA
tri-lo-mili	1	PPACA
tri-lo-sprintec	1	PPACA
tri-mili	1	PPACA
tri-nymyo	1	PPACA
tri-sprintec	1	PPACA
tri-vylibra	1	PPACA
tri-vylibra lo	1	PPACA
vestura	1	PPACA
vylibra	1	PPACA
YAZ	3	ST, PPACA
zumandimine	1	PPACA

COUGH/COLD MEDICATIONS		
Medication	**Tier**	**Notes**
benzonatate	1	
brompheniramine-pseudoephedrine-dm	1	
HYCODAN	3	
promethazine-dm	1	

DENTAL PRODUCTS		
Medication	**Tier**	**Notes**
chlorhexidine mouthwash	1	SP, PA, QL
CLINPRO 5000	3	SP, PA, QL
denta 5000 plus	1	SP, PA, QL
dentagel	1	SP, PA, QL
doxycycline hyclate 20 mg tablet	1	SP, PA, QL
FLUORIDEX	3	SP, PA, QL
JUST RIGHT 5000	3	SP, PA, QL
PERIDEX	3	SP, PA, QL
periogard	1	SP, PA, QL
PREVIDENT	3	SP, PA, QL

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

DENTAL PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
PREVIDENT 5000	3	
sf	1	
sf 5000 plus	1	
sodium fluoride cream, gel, paste, rinse	1	
sodium fluoride 5000 dry mouth	1	
sodium fluoride 5000 plus	1	
triamcinolone 0.1% paste	1	

DIABETES		
Medication	**Tier**	**Notes**
ACCU-CHEK AVIVA CONTROL SOLUTION	3	
ACCU-CHEK FASTCLIX LANCING DEVICE	2	
ACCU-CHEK GUIDE CONTROL SOLUTION	3	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	3	
ACCU-CHEK SOFTCLIX LANCET KIT	2	
ACTOS	3	QL
BAQSIMI	2	QL
BD AUTOSHIELD DUO PEN NEEDLE	2	
BD INSULIN SYRINGE	2	
BD NANO PEN NEEDLE	2	
BD NANO 2ND GEN PEN NEEDLE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD ULTRA-FINE PEN NEEDLE	2	
BD VEO INSULIN SYRINGE	2	
BYETTA	2	PA, QL
CEQUR SIMPLICITY	2	
CEQUR SIMPLICITY INSERTER	2	
CYCLOSET	3	

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
DEXCOM G6	2	PA, QL
DEXCOM G7	2	PA, QL
DROPLET GENTEEL LANCING DEVICE	2	
EXTENDED RESERVOIR	3	
FARXIGA	3	QL, ST
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE 2 PLUS SENSOR, READER, SENSOR	2	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR, READER, SENSOR	2	PA, QL
FREESTYLE LIBRE 14 DAY READER, SENSOR	2	PA, QL
FREESTYLE LITE TEST STRIP	2	
FREESTYLE PRECISION NEO TEST METER	2	
FREESTYLE TEST STRIP	2	
glimepiride 1 mg, 2 mg, 4 mg tablet	1	
glipizide 5 mg, 10 mg tablet	1	
glipizide er	1	
glipizide xl	1	
GLYXAMBI	2	QL, ST
GUARDIAN RT CHARGER	3	
GUARDIAN TEST PLUG	3	
GVOKE	2	QL
HUMALOG CARTRIDGE, KWIKPEN, TEMPO PEN	2	
HUMULIN N	2	
HUMULIN R	2	
HUMULIN 70-30	2	
ILET INFUSION-CONTACT DETACH	2	
ILET INFUSION KIT-INSET, STARTER KIT-INSET	2	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
INPEN (FOR FIASP, HUMALOG, NOVOLOG)	3	
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	2	
JANUMET	2	QL, ST
JANUMET XR	2	QL, ST
JANUVIA	2	QL, ST
JARDIANCE	2	QL, ST
LANTUS	2	
LANTUS SOLOSTAR	2	
LYUMJEV	2	
MEDTRONIC EXTENDED INFUSION SET	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
metformin oral solution	1	ST
metformin 500 mg, 850 mg, 1,000 mg tablet	1	
metformin er	1	QL
metformin er gastric	1	QL, ST
metformin er osmotic	1	QL, ST
MICROLET 2 LANCING DEVICE	2	
MICROLET NEXT LANCING DEVICE	2	
MINIMED MIO ADVANCE	2	
MINIMED QUICK SET	2	
MINIMED SILHOUETTE	2	
MINIMED SURE T	2	
MOUNJARO	2	PA, QL
OMNIPOD 5, INTRO KIT (G6/LIBRE 2 PLUS)	2	QL
OMNIPOD 5 DEXG7G6 INTRO KIT, PODS (GEN 5)	2	QL
OMNIPOD 5 G6-G7 INTRO KIT, PODS (GEN5)	2	QL

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
OMNIPOD CLASSIC PDM KIT, PODS (GEN 3)	2	
OMNIPOD DASH INTRO KIT, PODS (GEN 4)	2	QL
OMNIPOD GO PODS	2	QL
OSENI	3	QL, ST
OZEMPIC PEN INJECTOR	2	PA, QL
PARADIGM RESERVOIR	2	
pioglitazone	1	QL
PRECISION XTRA TEST STRIP	2	
RIOMET	3	ST
RYBELSUS	2	PA, QL
SEMGLEE (YFGN)	2	
SOLIQUA 100-33	2	QL
SYMLINPEN	2	PA, QL
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TANDEM MOBI AUTOSOFT INFUSION SET	2	
TANDEM MOBI CARTRIDGE	2	
TANDEM MOBI TRUSTEEL SUPPLY INFUSION SET	2	
TANDEM T:SLIM ASFT 30, XC; TRUSTL	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRIJARDY XR	2	ST
TRUE METRIX GLUCOSE TEST STRIP	2	
TRUETRACK TEST STRIP	2	
TRULICITY	2	PA, QL
TWIIST REFILL, REFILL KIT, STARTER KIT	2	
V-GO	2	
XIGDUO XR	3	QL, ST

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

DIURETICS		
Medication	**Tier**	**Notes**
acetazolamide er	1	
acetazolamide tablet	1	
ALDACTONE	3	
bumetanide tablet	1	
chlorthalidone	1	
DIURIL	3	
eplerenone	1	
furosemide oral solution, tablet	1	
hydrochlorothiazide	1	
JYNARQUE	4	SP, PA, QL
KERENDIA	2	PA, QL
spironolactone tablet	1	
tolvaptan	1	SP, PA, QL
triamterene-hctz	1	

EAR MEDICATIONS		
Medication	**Tier**	**Notes**
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
neomycin-polymyxin-hc otic solution, suspension	1	
ofloxacin	1	
OTOVEL	3	

ERECTILE DYSFUNCTION		
Medication	**Tier**	**Notes**
CAVERJECT	2	PA, QL, OC
CIALIS	3	PA, QL, OC
EDEX	3	PA, QL, OC
MUSE	2	PA, QL, OC
sildenafil 25 mg, 50 mg, 100 mg tablet	1	PA, QL, OC
STENDRA	3	PA, QL, OC

ERECTILE DYSFUNCTION *(cont.)*		
Medication	**Tier**	**Notes**
tadalafil	1	PA, QL, OC
vardenafil	1	PA, QL, OC
VIAGRA	3	PA, QL, OC

EYE CONDITIONS		
Medication	**Tier**	**Notes**
ALPHAGAN P	3	ST
AZASITE	2	
BETOPTIC S	3	
bimatoprost drops	1	PA
brimonidine-timolol	1	
brinzolamide	1	
bromfenac drops	1	
CEQUA	3	PA, QL
ciprofloxacin eye drops	1	
COMBIGAN	3	ST
cyclosporine 0.05% eye emulsion	1	PA, QL
CYSTARAN	4	SP, PA
difluprednate	1	
dorzolamide-timolol	1	
erythromycin	1	
EYSUVIS	2	PA, QL
ILEVRO	3	
INVELTYS	3	ST
latanoprost	1	PA
LOTEMAX	3	ST
LOTEMAX SM	3	ST
loteprednol	1	ST
MAXITROL	3	
MIEBO	2	PA, QL
moxifloxacin drops	1	
neomycin-polymyxin-dexamethasone	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

EYE CONDITIONS *(cont.)*

Medication	Tier	Notes
OCUFLOX	3	
ofloxacin	1	
OXERVATE	4	SP, PA
polymyxin b sulfate-trimethoprim	1	
PRED FORTE	3	
prednisolone drops	1	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	2	PA, QL
RHOPRESSA	3	
ROCKLATAN	3	PA
SIMBRINZA	3	
timolol drops, gel solution	1	ST
timolol maleate eye drops	1	ST
TIMOPTIC	3	ST
TIMOPTIC-XE	3	
TOBRADEX	3	
tobramycin drops	1	
tobramycin-dexamethasone	1	
TRYPTYR	3	PA
TYRVAYA	3	PA
VEVYE	3	PA, QL
VIGAMOX	3	
XDEMVY	4	SP, QL
XIIDRA	2	PA, QL
ZIRGAN	3	

FEMININE PRODUCTS

Medication	Tier	Notes
fem ph	1	
GYNAZOLE 1	3	
miconazole 3 suppository	1	
terconazole	1	

GASTROINTESTINAL/HEARTBURN

Medication	Tier	Notes
alosetron	1	SP
anucort-hc	1	
ANZEMET	3	
aprepitant	1	QL
APRISO ER	3	
ASACOL HD	3	
balsalazide	1	
BYLVAY	4	SP, PA, QL
CHOLBAM	4	SP, PA, QL
COLAZAL	3	
constulose	1	
CREON	2	
DICLEGIS	3	QL
dicyclomine capsule, oral solution; 20 mg tablet	1	
doxylamine-pyridoxine	1	QL
esomeprazole dr 20 mg, 40 mg capsule; packet	1	QL, ST
famotidine oral suspension	1	
famotidine 40 mg tablet	1	
GATTEX	4	SP, PA
gavilyte-c	1	PPACA
gavilyte-g	1	PPACA
glycopyrrolate oral solution, tablet	1	
GOLYTELY	3	
hemmorex-hc	1	
hydrocortisone suppository	1	
IQIRVO	4	SP, PA
KRISTALOSE	3	
lactulose	1	
lansoprazole dr 15 mg odt	1	QL, ST
lansoprazole dr 30 mg capsule	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

GASTROINTESTINAL/HEARTBURN *(cont.)*

Medication	Tier	Notes
lansoprazole dr 30 mg odt	1	ST
LEVBID	3	
LEVSIN	3	
LEVSIN-SL	3	
LINZESS	2	QL
LITHOSTAT	3	
LIVDELZI	4	SP, PA, ST
LIVMARLI	4	SP, PA
lubiprostone	1	QL
mesalamine	1	
mesalamine dr	1	
mesalamine er	1	
metoclopramide oral solution, tablet	1	
misoprostol	1	
MOTOFEN	3	
MOVANTIK	2	QL
NULEV	3	
OCALIVA	4	SP, PA, QL
OLPRUVA	4	SP, PA
OMECLAMOX-PAK	3	QL
omeprazole dr 10 mg, 20 mg capsule	1	QL
ondansetron	1	QL
ondansetron odt 4 mg, 8 mg tablet	1	QL
PANCREAZE	2	
pantoprazole dr suspension packet	1	ST
pantoprazole sod dr 20 mg tablet	1	QL
pantoprazole sod dr 40 mg tablet	1	
peg 3350 and electrolyte	1	PPACA
PENTASA 250 MG CAPSULE	2	
PENTASA 500 MG CAPSULE	3	
PEPCID 40 MG TABLET	3	

GASTROINTESTINAL/HEARTBURN *(cont.)*

Medication	Tier	Notes
PHEBURANE	4	SP, PA
PROCTOCORT 30 MG SUPPOSITORY	3	ST
rabeprazole tablet	1	
RECTIV	2	
RELISTOR SYRINGE, VIAL	2	ST
REZDIFFRA	4	SP, PA, QL
ROBINUL	3	
ROBINUL FORTE	3	
SALIVAMAX	3	
SANCUSO	3	QL
scopolamine	1	
SFROWASA	3	
SUCRAID	4	SP, PA
sucralfate	1	
SYMPROIC	2	
TALICIA	2	QL
TRULANCE	2	
UCERIS RECTAL FOAM	3	
URSO FORTE	3	
ursodiol	1	
VARUBI	2	QL
VIBERZI	2	
VIOKACE	2	
VOQUEZNA	3	ST
VOWST	4	SP
XERMELO	4	SP, PA, QL
ZELNORM	3	
ZENPEP	2	

HORMONAL AGENTS

Medication	Tier	Notes
ACTHAR SELFJECT	4	SP, PA

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HORMONAL AGENTS		
Medication	**Tier**	**Notes**
ACTIVELLA	3	
amabelz	1	
ANGELIQ	3	
ARMOUR THYROID	2	
budesonide dr	1	
budesonide ec	1	
budesonide er	1	
CETROTIDE	4	SP, OC
CLIMARA	3	QL
COMBIPATCH	2	
DDAVP AMPULE, VIAL	4	SP
DDAVP TABLET	3	
DEPO-TESTOSTERONE	3	
desmopressin ampule, vial	1	SP
dexabliss	1	ST
dexamethasone elixir, tablet	1	
dexamethasone oral solution	1	
dexamethasone 6, 10, 13 day 1.5 mg tablet	1	ST
dexamethasone intensol	1	
dotti	1	QL
DUAVEE	2	
EGRIFTA SV	4	SP, PA
ERMEZA	3	ST
estradiol (twice weekly)	1	QL
estradiol gel packet, gel pump, patch	1	QL
estradiol-norethindrone	1	
euthyrox	1	
EVAMIST	3	QL
fyremadel	1	SP, OC
GENOTROPIN	4	SP, PA
JATENZO	3	QL

HORMONAL AGENTS *(cont.)*		
Medication	**Tier**	**Notes**
levo-t	1	
levothyroxine tablet	1	
levoxyl	1	
liothyronine tablet	1	
lyllana	1	QL
MEDROL	3	
medroxyprogesterone tablet	1	
MENOSTAR	3	QL
methylprednisolone dose pack, tablet	1	
mimvey	1	
MYCAPSSA	4	SP, PA, QL
MYFEMBREE	2	PA
NGENLA	4	SP, PA
norethindrone 5 mg tablet	1	
np thyroid	1	
OMNITROPE	4	SP, PA
ORIAHNN	2	PA
ORILISSA	2	PA, QL
prednisone dose packet, oral solution	1	
prednisone tablet	1	
prednisone intensol	1	
PREMARIN VAGINAL CREAM-APPLICATOR	2	
progesterone capsule	1	
PROMETRIUM	3	
RAYALDEE	3	ST
SEROSTIM	4	SP, PA
SOMAVERT	4	SP, PA
TARPEYO	4	SP, PA, QL
testosterone gel, gel pump, packet, solution	1	QL
TESTOSTERONE 50 MG/5 GRAM PACKET	3	QL

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HORMONAL AGENTS *(cont.)*		
Medication	**Tier**	**Notes**
testosterone cypionate	1	
UCERIS 9 MG TABLET	3	
unithroid	1	
VOGELXO	3	QL
XYOSTED	2	QL
YORVIPATH	4	SP, PA
yuvafem	1	

INFECTIONS		
Medication	**Tier**	**Notes**
ACTICLATE	3	ST
acyclovir capsule, oral suspension, tablet	1	
AEMCOLO	3	QL
albendazole	1	QL
amoxicillin	1	
amoxicillin-clavulanate	1	
amoxicillin-clavulanate er	1	
ANCOBON	3	PA
ARAKODA	3	QL
ARIKAYCE	4	SP, PA
atovaquone	1	
atovaquone-proguanil	1	QL
avidoxy	1	
azithromycin oral suspension, packet, tablet	1	PA
BACTRIM	3	
BACTRIM DS	3	
BARACLUDE ORAL SUSPENSION	4	SP
BAXDELA TABLET	2	PA, QL
BETHKIS	4	SP, PA, QL
CAYSTON	4	SP, PA, QL

INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
cefdinir	1	
cefpodoxime	1	
cefuroxime tablet	1	
cephalexin	1	
CIPRO	3	
ciprofloxacin tablet	1	
clarithromycin	1	
clarithromycin er	1	
CLEOCIN CAPSULE	3	
CLEOCIN VAGINAL CREAM, OVULE	3	
clindamycin capsule	1	
CLINDESSE	3	
coremino	1	ST
DARAPRIM	4	SP, PA
DIFICID	3	QL
DIFLUCAN	3	
doxycycline hyclate capsule; 75 mg, 100 mg, 150 mg tablet	1	ST
doxycycline monohydrate	1	ST
E.E.S. 200	3	
e.e.s. 400	1	
EMVERM	2	QL
entecavir	1	SP
EPCLUSA	4	SP, PA, QL
ERYPED	3	
ery-tab dr 250 mg, 333 mg tablet	1	
ERY-TAB DR 500 MG TABLET	3	
erythromycin capsule, oral suspension, tablet	1	
famciclovir	1	QL
fluconazole	1	QL
flucytosine	1	PA

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INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
HARVONI	4	SP, PA, QL
hydroxychloroquine	1	
IMPAVIDO	2	PA, QL
itraconazole	1	QL
KITABIS PAK	4	SP, PA, QL
LAGEVRIO (EUA)	2	QL
levofloxacin oral solution, tablet	1	PA
LIVTENCITY	4	SP, PA, QL
LYMEPAK	3	
MACROBID	3	
MALARONE	3	QL
MEPRON	3	
methenamine	1	
metronidazole capsule; 250 mg, 500 mg tablet; vaginal gel	1	
minocycline	1	ST
minocycline er tablet	1	ST
MINOLIRA ER	3	ST
mondoxyne nl	1	
nitazoxanide	1	QL
nitrofurantoin capsule; 25 mg/5 ml oral suspension	1	
NUZYRA 150 MG TABLET	4	SP, QL
oseltamivir	1	QL
PAXLOVID	2	QL
PEGASYS	4	SP, QL
penicillin v potassium	1	
permethrin	1	
posaconazole oral suspension, tablet	1	PA
PREVYMIS PACKET, TABLET	4	SP, QL
PRIFTIN	2	
pyrimethamine	1	SP

INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
SEYSARA	3	ST
SOLODYN	3	ST
SOLOSEC	2	QL
spinosad	1	
SPORANOX	3	QL
sulfamethoxazole-tmp oral suspension	1	
sulfamethoxazole-tmp tablet	1	
sulfatrim	1	
TAMIFLU	3	QL
TARGADOX	3	ST
terbinafine tablet	1	
tetracycline	1	
THALOMID	4	SP, PA, QL
TOBI PODHALER	4	SP, PA, QL
tobramycin ampule	1	SP, PA, QL
valacyclovir	1	QL
VALCYTE	3	
valganciclovir	1	
VANCOCIN	3	PA, QL
vancomycin capsule, oral solution	1	PA, QL
vandazole	1	
VEMLIDY	4	SP
VFEND	3	PA
VIVJOA	4	SP, PA, QL
voriconazole oral suspension, tablet	1	PA
VOSEVI	4	SP, PA, QL
XACIATO	2	
XENLETA TABLET	3	
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	4	SP, PA, QL

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
ZITHROMAX ORAL SUSPENSION, TABLET	3	PA
ZITHROMAX TRI-PAK	3	
ZYVOX ORAL SUSPENSION, TABLET	3	PA

INFERTILITY		
Medication	**Tier**	**Notes**
CRINONE 8% GEL	2	OC
ENDOMETRIN	2	OC
FOLLISTIM AQ	4	SP, ST, OC
GONAL-F	4	SP, ST, OC
GONAL-F RFF REDI-JECT	4	SP, ST, OC
MENOPUR	4	SP, OC
NOVAREL	4	SP, QL, ST, OC
OVIDREL	4	SP, OC
PREGNYL	4	SP, QL, OC

MISCELLANEOUS		
Medication	**Tier**	**Notes**
acamprosate	1	
ACCU-CHEK FASTCLIX LANCET DRUM	2	
ACCU-CHEK SOFTCLIX LANCET	2	
ACE AEROSOL CLOUD ENHANCER	2	
ADDYI	3	PA, OC
AEROCHAMBER MINI	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
ANDEMBRY AUTO-INJECTOR	4	SP, PA
ATTRUBY	4	SP, PA

MISCELLANEOUS *(cont.)*		
Medication	**Tier**	**Notes**
BREATHRITE	2	
CARBAGLU	4	SP, PA
CERDELGA	4	SP, PA, QL
cinacalcet	1	SP, PA
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
deferasirox	1	SP, PA
deferiprone	1	SP, PA
DROPLET LANCET	2	
EASIVENT	2	
EVRYSDI	4	SP, PA, QL
FILSPARI	4	SP, PA, QL
FLEXICHAMBER	2	
GALAFOLD	4	SP, PA, QL
HAEGARDA	4	SP, PA, QL
HORIZANT	3	ST
INGREZZA	4	SP, PA, QL
KETONE CARE TEST STRIP	2	
KETONE TEST STRIP	2	
KETOSTIX REAGENT	2	
LYNKUET	3	
MICROCHAMBER	2	
MICROLET LANCET	2	
MICROSPACER	2	
MYALEPT	4	SP, PA
NITYR	4	SP, PA
NUEDEXTA	2	PA
ONETOUCH DELICA PLUS LANCET	2	
ONETOUCH DELICA SAFETY LANCET	2	
ONETOUCH ULTRASOFT 2 LANCET	2	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

MISCELLANEOUS *(cont.)*		
Medication	**Tier**	**Notes**
OPTICHAMBER DIAMOND	2	
ORFADIN	4	SP, PA
PALYNZIQ	4	SP, PA, QL
POCKET CHAMBER	2	
PRECISION XTRA	2	
PRO COMFORT SPACER-ADULT MASK	2	
PRO COMFORT SPACER-CHILD MASK	3	
PROCARE SPACER WITH ADULT MASK, CHILD MASK	2	
RADICAVA ORS	4	SP, PA
RITEFLO	2	
sapropterin	1	SP, PA
SKYCLARYS	4	SP, PA
sodium chloride inhalation vial, irrigation solution	1	
SPACE CHAMBER MASK	2	
STRENSIQ	4	SP, PA
SURE-T INFUSION 23" SET	2	
TECHLITE LANCET	2	
TEGLUTIK	4	SP, PA
TIGLUTIK	4	SP, PA
TRUEPLUS KETONE TEST STRIP	2	
TRUEPLUS LANCETS	2	
VEOZAH	3	
VORTEX	2	
VORTEX VHC MASK	2	
VOXZOGO	4	SP, PA
VOYXACT	4	SP, PA, QL
VYLEESI	4	SP, PA, QL, OC
VYNDAMAX	4	SP, PA
VYNDAQEL	4	SP, PA

MISCELLANEOUS *(cont.)*		
Medication	**Tier**	**Notes**
VYVGART HYTRULO 1,000 MG-10,000 UNITS/5 ML SYRINGE	4	SP, PA

MULTIPLE SCLEROSIS		
Medication	**Tier**	**Notes**
AVONEX	4	SP, PA, QL
BAFIERTAM	4	SP, PA, QL
BETASERON	4	SP, PA, QL
dalfampridine er	1	SP, PA, QL
dimethyl	1	SP, PA, QL
FIRDAPSE	4	SP, PA
glatiramer	1	SP, PA, QL
glatopa	1	SP, PA, QL
KESIMPTA PEN	4	SP, PA, QL
MAVENCLAD	4	SP, PA, QL
MAYZENT	4	SP, PA, QL
PLEGRIDY	4	SP, PA, QL
REBIF	4	SP, PA, QL
REBIF REBIDOSE	4	SP, PA, QL
VUMERITY	4	SP, PA, QL

NUTRITIONAL/DIETARY		
Medication	**Tier**	**Notes**
ACCRUFER	3	OC
AURYXIA	3	
calcidol	1	OC
calcitriol ampule, capsule, oral solution, vial	1	OC
CEREFOLIN NAC	3	OC
DEPLIN FC	3	OC
DEPLIN-ALGAL OIL	3	OC
ergocalciferol	1	OC

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

NUTRITIONAL/DIETARY *(cont.)*

Medication	Tier	Notes
folic acid 400 mcg, 800 mcg, 0.4 mg, 0.8 mg tablet	1	PPACA, OC
FOLTX	3	OC
klor-con 20 meq packet	1	
klor-con 8 meq, 10 meq tablet	1	
klor-con m	1	
lanthanum	1	QL
LOKELMA	2	QL
METANX	3	OC
METANX FC	3	OC
MONOFERRIC	3	PA, OC
NASCOBAL	2	QL, ST, OC
NEEVODHA	3	OC
OB COMPLETE CAPLET, DHA, ONE, PETITE, PREMIER	3	OC
potassium chloride oral solution, packet	1	
potassium chloride er capsule, tablet	1	
PRENATE AM, CHEWABLE, DHA, ELITE, ENHANCE, ESSENTIAL, MINI, PIXIE, RESTORE, STAR	3	OC
PRIMACARE	3	OC
RENVELA	3	QL
sevelamer	1	QL
VELTASSA	2	QL
vitamin d2 1.25 mg (50,000 unit)	1	OC

OSTEOPOROSIS PRODUCTS

Medication	Tier	Notes
ACTONEL	3	QL, ST
alendronate oral solution	1	QL
alendronate tablet	1	QL
ATELVIA	3	QL, ST
BINOSTO	3	QL, ST

OSTEOPOROSIS PRODUCTS *(cont.)*

Medication	Tier	Notes
BONSITY	4	SP, PA, QL
EVISTA	3	
FOSAMAX	3	QL, ST
ibandronate tablet	1	SP, PA
raloxifene	1	PPACA
risedronate	1	QL
risedronate dr	1	QL
teriparatide	1	SP, PA, QL
TYMLOS	4	SP, PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE

Medication	Tier	Notes
acetaminophen-codeine	1	PA, QL
ADALIMUMAB-ADAZ (CF)	4	SP, PA, QL
ADALIMUMAB-ADBM (CF)	4	SP, PA, QL
AIMOVIG	2	PA, QL
AJOVY	2	PA, QL
allopurinol tablet	1	
ARAVA	3	QL
ARCALYST	4	SP, PA, QL
baclofen oral suspension, tablet	1	
BELBUCA	2	PA, QL
BENLYSTA AUTO-INJECTOR, SYRINGE	4	SP, PA, QL
buprenorphine	1	PA
butalbital-acetaminophen-caffeine	1	
CAMBIA	3	QL, ST
carisoprodol	1	
celecoxib	1	
colchicine	1	ST
cyclobenzaprine	1	
cyclobenzaprine er	1	ST
diclofenac topical suspension	1	QL, ST
diclofenac er	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*		
Medication	**Tier**	**Notes**
DUPIXENT	4	SP, PA, QL
EC-NAPROSYN	3	ST
ec-naproxen	1	ST
eletriptan	1	QL
EMGALITY	2	PA, QL
ENBREL	4	SP, PA, QL
endocet	1	PA, QL
ENSPRYNG	4	SP, PA
ESGIC	3	ST
febuxostat	1	ST
FEXMID	3	ST
FIORICET	3	ST
FLECTOR	2	QL, ST
GLOPERBA	3	
glydo	1	QL
GRALISE ER	3	ST
hydrocodone-acetaminophen	1	PA, QL
hydromorphone oral solution, suppository, tablet	1	PA, QL
hydromorphone er	1	PA, QL
HYSINGLA ER	3	PA, QL
ibu	1	
ibuprofen oral suspension	1	
ibuprofen 400 mg, 600 mg, 800 mg tablet	1	
IMULDOSA SYRINGE	4	SP, PA, QL
indomethacin 25 mg, 50 mg capsule; 50 mg suppository	1	
indomethacin er	1	
JOURNAVX	3	QL
ketorolac syringe, tablet, vial	1	QL

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*		
Medication	**Tier**	**Notes**
leflunomide	1	QL
LICART	2	QL, ST
lidocaine ointment, patch	1	PA, QL
lidocaine viscous	1	
meloxicam tablet	1	QL
methocarbamol 500 mg, 750 mg tablet	1	
MIGRANAL	3	QL, ST
MITIGARE	2	ST
morphine oral concentrate, oral solution, suppository, tablet	1	PA, QL
morphine er	1	PA, QL
NAPRELAN	3	ST
NAPROSYN	3	ST
naproxen oral suspension	1	ST
naproxen 250 mg, 375 mg, 500 mg tablet	1	
naproxen dr 375 mg tablet	1	
naproxen dr 500 mg tablet	1	ST
NURTEC ODT	2	PA, QL
OMVOH PEN, SYRINGE	4	SP, PA, QL
OTEZLA	4	SP, PA, QL
OTEZLA XR	4	SP, PA
OXAYDO	3	PA, QL
oxycodone	1	PA, QL
oxycodone-acetaminophen	1	PA, QL
prolate tablet	1	PA, QL
QULIPTA	2	PA, QL
REYVOW	3	PA, QL
RINVOQ ER	4	SP, PA, QL
RINVOQ LQ	4	SP, PA, QL

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*

Medication	Tier	Notes
rizatriptan	1	QL
ROXICODONE	3	PA, QL
SAVELLA	2	QL, ST
SELARSDI SYRINGE; 45 MG/0.5 ML VIAL	4	SP, PA, QL
SIMLANDI (CF)	4	SP, PA, QL
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	4	SP, PA, QL
SIMPONI ARIA	4	SP, PA
SKYRIZI ON-BODY, PEN, SYRINGE	4	SP, PA, QL
SOTYKTU	4	SP, PA, QL
sumatriptan	1	QL
TALTZ	4	SP, PA, QL
tizanidine 2 mg, 4 mg, 6 mg capsule; tablet	1	
TOSYMRA	3	QL, ST
tramadol 50 mg, 100 mg tablet	1	PA, QL
tramadol er tablet	1	PA, QL
TREMFYA AUTO-INJECTOR, PEN, SYRINGE	4	SP, PA, QL
TYENNE AUTO-INJECTOR, SYRINGE	4	SP, PA, QL
UBRELVY	2	PA, QL
vanadom	1	
VELSIPITY	4	SP, PA, QL
XELJANZ	4	SP, PA, QL
XELJANZ XR	4	SP, PA, QL
YESINTEK SYRINGE; 45 MG/0.5 ML VIAL	4	SP, PA, QL
ZANAFLEX 2 MG, 4 MG, 6 MG CAPSULE; TABLET	3	
zebutal	1	
ZEMBRACE SYMTOUCH	3	QL, ST
ZEPOSIA	4	SP, PA, QL
ZOMIG 2.5 MG NASAL SPRAY	2	QL, ST

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*

Medication	Tier	Notes
ZOMIG 5 MG NASAL SPRAY	3	QL, ST
ZTLIDO	2	PA
ZYLOPRIM	3	

PARKINSON'S DISEASE

Medication	Tier	Notes
AZILECT	3	ST
benztropine tablet	1	
carbidopa-levodopa	1	
carbidopa-levodopa er tablet	1	
CREXONT	3	ST
DUOPA	4	SP, PA
INBRIJA	4	SP, PA, QL
NEUPRO	3	
ONGENTYS	3	PA, QL
pramipexole	1	
pramipexole er	1	
ropinirole	1	
ropinirole er	1	
RYTARY	3	ST
SINEMET	3	

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2]

Medication	Tier	Notes
ABILIFY MYCITE	3	QL
aripiprazole oral solution	1	
aripiprazole tablet	1	QL
aripiprazole odt	1	QL
asenapine	1	QL
CAPLYTA	3	QL
chlorpromazine oral concentrate, tablet	1	
clozapine	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2] *(cont.)*

Medication	Tier	Notes
clozapine odt	1	
GEODON CAPSULE	3	QL
INVEGA	3	QL
LYBALVI	3	QL
olanzapine tablet	1	QL
olanzapine odt	1	QL
paliperidone er	1	QL
quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tablet	1	QL
quetiapine er	1	QL
REXULTI	3	QL
RISPERDAL	3	QL
risperidone oral solution	1	
risperidone tablet	1	QL
risperidone odt	1	QL
SECUADO	3	QL
VRAYLAR	3	QL
ziprasidone capsule	1	QL
ZYPREXA TABLET	3	QL
ZYPREXA ZYDIS	3	QL

SEIZURE DISORDERS

Medication	Tier	Notes
APTIOM	3	
BRIVIACT ORAL SOLUTION, TABLET	3	ST
carbamazepine oral suspension; 100 mg chewable tablet; tablet	1	
carbamazepine er	1	
CARBATROL	3	
clonazepam tablet	1	
clonazepam odt	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST

SEIZURE DISORDERS *(cont.)*

Medication	Tier	Notes
DEPAKOTE SPRINKLE	3	ST
DIASTAT	3	
DILANTIN 30 MG CAPSULE	2	
DILANTIN 100 MG CAPSULE, ORAL SUSPENSION	3	
divalproex	1	
divalproex er	1	
ELEPSIA XR	3	ST
EPIDIOLEX	4	SP, PA
epitol	1	
FYCOMPA	2	
gabapentin capsule, tablet	1	
gabapentin oral solution	1	
lacosamide oral solution, tablet	1	
LAMICTAL XR STARTER KIT (BLUE, GREEN, ORANGE)	3	ST
lamotrigine (blue, green, orange)	1	
lamotrigine dispersible tablet	1	
lamotrigine tablet	1	
lamotrigine er	1	
lamotrigine odt	1	
levetiracetam oral solution, tablet	1	
levetiracetam er	1	
NAYZILAM	2	PA, QL
oxcarbazepine	1	
PHENYTEK	3	
pregabalin	1	
QUDEXY XR	3	ST
roweepra	1	
SPRITAM	3	ST
subvenite	1	
subvenite (blue, green, orange)	1	

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SEIZURE DISORDERS *(cont.)*

Medication	Tier	Notes
SYMPAZAN	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
topiramate tablet	1	
topiramate sprinkle capsule	1	
topiramate er sprinkle capsule	1	ST
TROKENDI XR	3	ST
VALTOCO	2	PA, QL
vigabatrin	1	SP, PA, QL
vigadrone	1	SP, PA, QL
XCOPRI	3	QL

SKIN CONDITIONS

Medication	Tier	Notes
ABSORICA	3	ST
ACZONE	3	ST
adapalene-benzoyl peroxide	1	
ADBRY	4	SP, PA, QL
AKLIEF	3	PA, ST
amnesteem	1	
AMZEEQ	3	ST
ANZUPGO	4	SP, PA, QL
ARAZLO	3	PA
avar	1	ST
azelaic acid	1	
bp 10-1	1	ST
BRYHALI	3	ST
CAPEX SHAMPOO	3	ST
CIBINQO	4	SP, PA, QL
claravis	1	
CLEOCIN T	3	QL, ST
clindacin etz pledget	1	

SKIN CONDITIONS *(cont.)*

Medication	Tier	Notes
clindacin p pledget	1	
clindamycin foam, gel	1	QL, ST
clindamycin-benzoyl peroxide	1	
clobetasol foam, lotion, shampoo, spray	1	QL, ST
CLOBEX	3	QL, ST
clodan shampoo	1	QL, ST
CLODERM	3	ST
clotrimazole-betamethasone	1	QL
dapsone 5% gel, 7.5% gel pump	1	
DIFFERIN CREAM, LOTION, GEL PUMP	3	ST
DROPSAFE PREP PAD	2	
DUOBRII	3	QL, ST
EBGLYSS	4	SP, PA, QL
EFUDEX	3	
ENSTILAR	2	QL, ST
EPIDUO FORTE	3	ST
EUCRISA	2	QL, ST
EVOCLIN	3	QL, ST
EXTINA	3	QL, ST
FINACEA	2	ST
fluorouracil cream, topical solution	1	
halobetasol foam	1	ST
HALOG	3	ST
isotretinoin	1	
JUBLIA	3	ST
KENALOG SPRAY	3	QL, ST
ketoconazole foam	1	QL, ST
ketodan	1	QL, ST
LEQSELVI	4	SP, PA
lexette	1	ST
LITFULO	4	SP, PA, QL

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SKIN CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
METROCREAM	3	ST
METROGEL	3	ST
metronidazole cream, lotion, gel pump, topical gel	1	
MIRVASO	2	PA
mupirocin ointment	1	QL
myorisan	1	
NEMLUVIO	4	SP, PA, QL
neuac gel	1	
OLUX	3	QL, ST
ONEXTON	3	ST
OPZELURA	3	PA, QL
pimecrolimus	1	QL, ST
PRAMOSONE	3	ST
RETIN-A	3	
RETIN-A MICRO PUMP 0.06%, 0.08% GEL	3	
RHOFADE	3	PA
rosadan cream, gel	1	
SANTYL	2	QL
sodium sulfacetamide-sulfur 10-2%, 10-5% cleanser, cream, lotion, pads, 8-4% topical suspension	1	ST
SOOLANTRA	3	QL, ST
sss 10-5	1	ST
sulfacleanse 8-4	1	ST
SUMAXIN	3	ST
tacrolimus ointment	1	QL, ST
tazarotene cream, gel	1	PA
TAZORAC	3	PA
TEMOVATE	3	QL, ST
tretinoin cream, gel	1	

SKIN CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
triamcinolone 0.147 mg/g spray	1	QL, ST
trianex	1	ST
triderm	1	ST
tritocin	1	ST
VALCHLOR	4	SP, PA
VECTICAL	3	
VTAMA	2	QL, ST
WYNZORA	3	QL, ST
XEPI	3	QL, ST
YCANTH	4	SP
zenatane	1	
ZORYVE 0.05% CREAM	2	ST
ZORYVE 0.15% CREAM	2	QL, ST
ZORYVE 0.3% CREAM, FOAM	3	QL, ST

SLEEP DISORDERS/SEDATIVES		
Medication	**Tier**	**Notes**
BELSOMRA	3	QL, ST
DAYVIGO	3	QL, ST
doxepin tablet	1	QL, ST
eszopiclone	1	QL
HETLIOZ	4	SP, PA, QL
HETLIOZ LQ	4	SP, PA, QL
LUMRYZ	4	SP, PA, QL
modafinil	1	QL, ST
QUVIVIQ	3	QL, ST
RESTORIL	3	QL
SILENOR	3	QL, ST
sodium oxybate	1	SP, PA, QL
SUNOSI	2	QL, ST
temazepam	1	QL
WAKIX	4	SP, QL, ST

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SLEEP DISORDERS/SEDATIVES *(cont.)*		
Medication	**Tier**	**Notes**
XYWAV	4	SP, PA, QL
zolpidem sublingual tablet, tablet	1	QL
zolpidem er	1	QL

SMOKING CESSATION[2]		
Medication	**Tier**	**Notes**
APO-VARENICLINE TABLET	2	QL, PPACA
bupropion sr 150 mg tablet	1	QL, PPACA
NICOTROL NS	3	QL, PPACA
varenicline	1	QL, PPACA

SUBSTANCE ABUSE		
Medication	**Tier**	**Notes**
buprenorphine-naloxone	1	
KLOXXADO	2	QL
naltrexone	1	
NARCAN (by Adapt Pharma)	3	QL
OPVEE	3	
ZUBSOLV	2	

TRANSPLANT MEDICATIONS		
Medication	**Tier**	**Notes**
ASTAGRAF XL	4	SP, ST
CELLCEPT CAPSULE, ORAL SUSPENSION, TABLET	4	SP
everolimus 0.25 mg, 0.5 mg, 0.75 mg, 1 mg tablet	1	SP
LUPKYNIS	4	SP, PA, QL
mycophenolate capsule, oral suspension, tablet	1	SP
mycophenolic acid	1	SP
MYFORTIC	4	SP
MYHIBBIN	4	SP
PROGRAF CAPSULE	4	SP

TRANSPLANT MEDICATIONS *(cont.)*		
Medication	**Tier**	**Notes**
PROGRAF GRANULE PACKET	4	SP
REZUROCK	4	SP, PA, QL
sirolimus	1	SP
tacrolimus capsule	1	SP
ZORTRESS	4	SP

URINARY TRACT CONDITIONS		
Medication	**Tier**	**Notes**
alfuzosin er	1	
CYSTAGON	4	SP
dutasteride	1	ST
ELMIRON	2	
finasteride 5 mg tablet	1	
GEMTESA	3	
K-PHOS NO.2	3	
K-PHOS ORIGINAL	2	
MYRBETRIQ	2	
oxybutynin oral solution, syrup; 5 mg tablet	1	
oxybutynin er	1	
phenazopyridine 100 mg, 200 mg tablet	1	
potassium citrate er	1	
PROSCAR	3	ST
solifenacin	1	
tamsulosin	1	
tolterodine	1	
tolterodine er	1	
trospium	1	
trospium er	1	
UROCIT-K	3	
VANRAFIA	4	SP, PA

Generics are in lowercase letters. Brands are in ALL CAPITAL letters.

Tier 1 – Generics
Tier 2 – Preferred Brands
Tier 3 – Non-Preferred Brands
Tier 4 – Brand Specialty

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement

SP – Specialty Medication
PPACA – $0 Preventive Medication
OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

VACCINES

Not all plans cover vaccines in the same way. Log in to the myCigna app or **myCigna.com**, or check your plan details, to see how your plan covers them.

Medication	Tier	Notes
ADACEL	2	PPACA
BEXSERO	2	PPACA
BOOSTRIX	2	PPACA
ENGERIX-B	2	PPACA
GARDASIL 9	2	PPACA
HAVRIX	2	PPACA
HEPLISAV-B	2	PPACA
IPOL	2	PPACA
MENACTRA	2	
MENQUADFI	2	PPACA
MENVEO A-C-Y-W-135-DIP	2	PPACA
M-M-R II VACCINE	2	PPACA
PREVNAR 20	2	PPACA
RECOMBIVAX HB	2	PPACA
SHINGRIX	2	PPACA
TWINRIX	2	PPACA
VAQTA	2	PPACA
VARIVAX	2	PPACA

WEIGHT MANAGEMENT

Not all plans cover prescription weight management medications. Log in to the myCigna app or **myCigna.com**, or check your plan details, to see if your plan covers them.

Medication	Tier	Notes
CONTRAVE	3	PA, QL, OC
IMCIVREE	4	SP, PA, QL
phentermine	1	PA, QL, OC
QSYMIA	3	PA, QL, OC
SAXENDA	3	PA, QL, OC

WEIGHT MANAGEMENT *(cont.)*

Not all plans cover prescription weight management medications. Log in to the myCigna app or **myCigna.com**, or check your plan details, to see if your plan covers them.

Medication	Tier	Notes
WEGOVY	2	PA, QL, OC
ZEPBOUND PEN	2	PA, QL, OC

Generics are in lowercase letters. Brands are in ALL CAPITAL letters.

Tier 1 – Generics
Tier 2 – Preferred Brands
Tier 3 – Non-Preferred Brands
Tier 4 – Brand Specialty

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy
AGE – Age Requirement

SP – Specialty Medication
PPACA – $0 Preventive Medication
OC – Optional Coverage

Your questions, answered.

Find answers to common questions about your drug list and prescription coverage.

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 have coverage for safe and effective medications at a lower cost. We make changes for many reasons. For example, when a new medication comes out or is no longer available or when the cost of a medication goes up a lot. 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 comes out.** 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 usually happens twice a year on January I and July I.
- **Adding extra coverage rules to a medication.** This usually happens twice a year on January I and July I.

When we make a change that affects your medication – like if it will cost more, won't be covered, or will have a coverage rule added – we'll let you know before it happens. That way, you have time to talk with your doctor about your options and, together, can decide what's best for your care.

Q. Why doesn't my plan cover certain medications?
A. To help keep your costs down, your plan doesn't cover (won't pay for) certain high-cost brand-name medications if there's a lower-cost option that treats the same condition. If your medication isn't covered and your doctor doesn't think a different option is right for you, your doctor's office can contact us to see if it can be approved.

There are also some medications and products that your plan won't cover for any reason because they're a "benefit exclusion." The medication isn't on your drug list and we can't approve it through the coverage review process. For example, your plan doesn't cover (or "excludes") medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

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 make sure you're getting coverage for the right medication, at the right cost, in the right amount, and for the right reason.

Q. How do I know if a medication needs approval?
A. Check your drug list or log in to the myCigna app or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, then it needs approval before your plan will cover it.
- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

If your medication needs approval, ask your doctor's office to contact us to start the coverage review. They'll take care of everything for you.

Your questions, answered. *(cont.)*

Q. What types of medications usually need approval?
A. Medications that:

- May not be safe to take with certain medications.
- Have lower-cost options that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

Q. What types of medications usually have quantity limits?
A. Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

Q. What medications are part of Step Therapy?
A. They're usually high-cost medications that treat conditions like:

- 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. It's to help keep you safe. Some medications are only tested and proven safe and effected for certain age groups. Medications don't work the same for everyone. For example, what works for adults may be too strong for kids, and what works for young adults may not work as well for older adults.

Q. How do I get approval (prior authorization) for my medication?
A. Ask your doctor's office to contact us to start the review process. They'll take care of everything for you. If they need a request form, they can get it from our provider portal at **cignaforhcp.com**.

We'll review the information your doctor sends to see if you meet the coverage rules for the medication. Then we'll send you and your doctor a letter with our decision – approved or not approved – and next steps. It can take up to five business days to hear from us. You can check with your doctor's office for updates. Or log in to the myCigna app or **myCigna.com** to see where your medication is in the review process or read our decision. If your medication isn't approved, your plan won't cover it. You can still fill it without using your plan (insurance), but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum.

Sometimes, we don't get all the details we need from your doctor to approve your medication. If we don't approve it, your doctor can send us more information to review using the same process. We're happy to take another look.

Q. What happens if I try to fill a prescription that needs approval, but I don't get it ahead of time?
A. When your pharmacist tries to put your prescription through their system, they'll see that the medication needs our approval before it can be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. These costs won't count toward your deductible or out-of-pocket maximum. Instead, ask your doctor's office to contact us to start the coverage review process.

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 allows. If your doctor wants you to fill more than your plan covers, your doctor's office can contact us to see if more can be approved.

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

Your questions, answered. *(cont.)*

Q. Does my plan cover medications that the FDA recently approved?
A. We look at new medications, supplies and devices to decide if they should be covered and on what tier (cost). This review can take up to six months after the FDA approves them. If your doctor wants you to use a newly approved medication, they can ask us to cover it through our review process.

Q. What are preventive medications?
A. They can help keep you from getting certain long-term health conditions, which improves your chances of staying well and living longer. These are conditions like asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that causes bones to become weak), prenatal nutrient deficiency (when a pregnant person doesn't get enough of the nutrients they need), and stroke.

Q. Which medications are covered under the health care reform law?
A. The Patient Protection and Affordable Care Act (PPACA), also known as "health care reform," was signed into law on March 23, 2010. PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything ($0) for these products – no copay, no coinsurance, no deductible.

To see a list of $0 medications, go to **Cigna.com/PDL**. Click the dropdown next to "Drug Lists for Employer Plans." Under Preventive Drug Lists, click the link for the PPACA No Cost-Share Preventive Drug List.

Q. How can I find out how much my medication will cost me?
A. When you and your doctor are choosing a medication, it's good to know its price – before you get to the pharmacy or even before you leave the doctor's office. Log in to the myCigna app or **myCigna.com** and use the Price a Medication tool. It shows how much your medication costs, your lower-cost options, and which pharmacies have the best prices.[4]

Q. What's a cost-share?
A. This is the amount you pay out of your own pocket for a covered prescription and/or health care or related service – like a copay, coinsurance, or deductible.

Q. How can I save money on my prescription medications?
A. You may be able to save money by switching to a lower-cost medication, like a generic, or by getting a 90-day supply (if your plan allows). Talk to your doctor to see what may work best for you.

Q. What's a generic medication?
A. Generic work the same and provide the same health benefits as brand-name medications – and usually costs less.[3] They have the same active ingredient, strength, and form (like a tablet or capsule). Generics are usually sold under their chemical or scientific name, instead of the brand name.

Q. Do generics work the same as brand-name medications?
A. Yes. Generics work the same and provide the same health benefits as brand-name medications.[3]

Q. What are the differences between generic and brand-name medications?
A. Generics and brands may:[3]

- Look different – come in a different shape, size, or color.
- Come in different flavors.
- Have different preservatives (ingredients that help keep the medication fresh) or inactive ingredients
- Come in different packaging or with different labeling.

These small differences don't change how well the generic works.

Your questions, answered. *(cont.)*

Q. What is a "biosimilar" medication?
A. Biosimilars are medications that are almost the same as another medication the FDA has already approved. There are no meaningful differences between them. They're just as safe and work just as well as the original medication. They provide the same treatment results – and usually cost less.[5]

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. To save money, you should use a pharmacy that's in your network. If you go outside your network, you'll pay more for your medication – or it may not be covered at all. Log in to the myCigna app or **myCigna.com**, or check your plan details, to find an in-network pharmacy.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[6]

Home delivery with Express Scripts® Pharmacy

It's a simple and safe way to get the medications you take regularly – without trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Order, manage, track, and pay for your medication on your phone or online.
- Get standard shipping at no extra cost.[7]
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.[8]
- Use a payment plan (if you need it).

Here are two easy ways to get started:

1. **Online.** Log in to **myCigna**. Go to the Prescriptions tab. Select My Medications from the menu. Find your medication and click the button to move your prescription.
2. **By phone.**
   - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or
   - Call Express Scripts Pharmacy at **800.835.3784** and ask them to get your prescription from your doctor. Have your ID card, doctor's contact info, and medication name(s) ready when you call.

Accredo® Specialty Pharmacy

Accredo supports people living with rare and complex medical conditions. They also fill and ship specialty medications – so you can focus on your health, not trips to the pharmacy. To learn more, go to **Cigna.com/specialty**.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.[7]
- Find ways to pay for your medication (if you need it).
- Sign up for refills and reminders. Some refills can be done by text.[9]
- Order, manage, track and pay for your medication on your phone or online.

To get started with Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

Q. Where can I find more information about my pharmacy benefits?
A. You can use the myCigna app or **myCigna.com** to learn more about your pharmacy coverage. It's easy to check your medication costs, find lower-cost options, see what's covered, find in-network pharmacies, ask a pharmacist questions, and see your claims. You can also manage your home delivery orders.[6]

Exclusions and limitations for coverage.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:[10]

- Over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines.
- Prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative.
- Doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare.
- Implantable contraceptive devices covered under the Plan's medical benefit.
- Medications that are not medically necessary.
- Experimental or investigational medications, including U.S. Food and Drug Administration (FDA)-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication.
- Medications that are not approved by the FDA.
- Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- Medications used for fertility,[11] sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,[11] 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.

cigna healthcare

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 the number on your ID card.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. fda.gov/drugs/generic-drugs/generic-drug-facts.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.
6. Not all plans offer Express Scripts Pharmacy and Accredo Specialty Pharmacy as covered pharmacy options. Log in to the myCigna app or myCigna.com, or check your plan details, to learn more about the pharmacies in your plan's network. Cigna Healthcare, Evernorth Health Services, Express Scripts Pharmacy, and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services – but you have the right to fill prescriptions at any pharmacy in your network (as your plan allows). Log in to the myCigna app or myCigna.com to see all of your in-network options.
7. Your plan pays the cost for standard shipping.
8. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna app or myCigna.com, or call 800.835.3784, to sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
9. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
11. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna app or myCigna.com, or check your plan materials.

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

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