



Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

Coverage as of July 1, 2024

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What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
Frequently Asked Questions (FAQs)	31
Exclusions and limitations for coverage	35

View your drug list online

This document was last updated on 04/01/2024.* Go online to see the most up-to-date list of medications your plan covers.

- **myCigna® App**¹ or **myCigna.com**[®]. Click on the Prescriptions tab and select Price a Medication from the dropdown menu. Then type in your medication name.
- **Cigna.com/druglist**. Select **National Preferred 4 Tier Specialty** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

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

* Drug list created: originally created 01/01/2023

Last updated: 04/01/2024, for changes starting 07/01/2024

Next planned update: 11/01/2024, for changes starting 01/01/2025

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List as of July 1, 2024. Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a full list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on this drug list.

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	Tier	Notes
ALTACE	3	
amiodarone	1	
amlodipine	1	
amlodipine/benazepril	1	
amlodipine/valsartan	1	
atenolol	1	ST
atenolol/chlorthalidone	1	
benazepril	1	
BIDIL	3	
bisoprolol/hctz	1	
BUFFERED ASPIRIN	1	PPACA
BUFFERIN	1	PPACA
CALAN SR	3	ST
CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDURA	3	ST, QL
carvedilol	1	ST
CATAPRES	3	QL
CATAPRES-TTS	3	QL
children's chewable aspirin	1	PPACA
clonidine	1	
COREG CR	3	ST
CORGARD	3	ST
digoxin	1	
diltiazem er	1	
doxazosin	1	QL

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** order within each column

Brand-name medications are in all **capital letters**

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

Generic medications are in all **lowercase letters**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Healthcare National Preferred 4-Tier Specialty 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.	\$\$\$
Tier 4	Brand Specialty. These medications are covered at your plan's highest cost-share. Generic specialty medications are covered on a lower tier.	\$\$\$\$

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 the medication meets coverage requirements.
QL	Quantity Limit* – Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more.
ST	Step Therapy* – Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication.
AGE	Age Requirement* – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage.
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.

Abbreviations next to medications (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	FEMININE PRODUCTS	17
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	17, 18
ALZHEIMER'S DISEASE	6, 7	HORMONAL AGENTS	18, 19
ANXIETY/DEPRESSION/BIPOLAR DISORDER	7	INFECTIONS	19-21
ASTHMA/COPD/RESPIRATORY	7, 8	INFERTILITY	21
ATTENTION DEFICIT HYPERACTIVITY DISORDER	8, 9	MISCELLANEOUS	21, 22
BLOOD MODIFIERS/BLEEDING DISORDERS	9	MULTIPLE SCLEROSIS	22
BLOOD PRESSURE/HEART MEDICATIONS	9, 10	NUTRITIONAL/DIETARY	22, 23
BLOOD THINNERS/ANTI-CLOTTING	10	OSTEOPOROSIS PRODUCTS	23
CANCER	10-12	PAIN RELIEF AND INFLAMMATORY DISEASE	24, 25
CHOLESTEROL MEDICATIONS	12	PARKINSON'S DISEASE	26
CONTRACEPTION PRODUCTS	12, 13	SCHIZOPHRENIA/ANTI-PSYCHOTICS	26
COUGH/COLD MEDICATIONS	13	SEIZURE DISORDERS	26, 27
DENTAL PRODUCTS	13	SKIN CONDITIONS	27, 28
DIABETES	13-15	SLEEP DISORDERS/SEDATIVES	28, 29
DIURETICS	16	SMOKING CESSATION	29
EAR MEDICATIONS	16	SUBSTANCE ABUSE	29
ERECTILE DYSFUNCTION	16	TRANSPLANT MEDICATIONS	29
EYE CONDITIONS	16, 17	URINARY TRACT CONDITIONS	29, 30
		VACCINES	30
		WEIGHT MANAGEMENT	30

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

AIDS/HIV

Medication	Tier	Notes
abacavir-lamivudine	1	SP
APRETUDE	4	SP, PA, PPACA
BIKTARVY	4	SP
CIMDUO	4	SP
DESCOVY	4	SP
DOVATO	4	SP
efavirenz-emtricitabine-tenofovir	1	SP
emtricitabine-tenofovir 200-300 mg	1	SP, PPACA
GENVOYA	4	SP
ISENTRESS	4	SP
ISENTRESS HD	4	SP
JULUCA	4	SP
ODEFSEY	4	SP
PREZISTA	4	SP
ritonavir	1	SP
SYMFI	4	SP
SYMFI LO	4	SP
SYMTUZA	4	SP
tenofovir	1	SP
TIVICAY	4	SP
TIVICAY PD	4	SP
TRIUMEQ	4	SP
TRIUMEQ PD	4	SP
VIREAD	4	SP

ALLERGY/NASAL SPRAYS

Medication	Tier	Notes
AUVI-Q	2	QL
azelastine 0.1% (137 mcg) spray	1	QL
azelastine-fluticasone	1	QL, ST
cromolyn oral concentrate	1	
desloratadine	1	QL

ALLERGY/NASAL SPRAYS (cont.)

Medication	Tier	Notes
DYMISTA	3	QL, ST
epinephrine auto-injector (by MYLAN SPECIALTY, TEVA USA)	1	QL
EPIPEN	2	PA, QL
EPIPEN JR	2	PA, QL
fluticasone spray	1	QL
GASTROCROM	3	
GRASTEK	2	PA
hydroxyzine solution, syrup, tablet	1	
hydroxyzine pamoate	1	
ipratropium spray	1	QL
mometasone spray	1	QL, ST
ODACTRA	2	PA
olopatadine spray	1	QL
ORALAIR	2	PA
PATANASE	3	QL
RAGWITEK	2	PA
RYALTRIS	3	QL, ST
SYMJEPI	2	QL
VISTARIL	3	
XHANCE	3	QL, ST

ALZHEIMER'S DISEASE

Medication	Tier	Notes
ADLARITY	3	ST
ARICEPT	3	ST
donepezil	1	ST
donepezil odt	1	
EXELON	3	ST
memantine	1	
MEMANTINE 5-10 MG TITRATION PACK	3	
memantine er	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

Tier 4 – Brand Specialty

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 National Preferred 4-Tier Specialty Prescription Drug List

ALZHEIMER'S DISEASE (cont.)

Medication	Tier	Notes
NAMENDA	3	ST
NAMZARIC	2	ST
pyridostigmine	1	
pyridostigmine er	1	
rivastigmine	1	

ANXIETY/DEPRESSION/BIPOLAR DISORDER²

Medication	Tier	Notes
alprazolam	1	
alprazolam er	1	
alprazolam intensol	1	
alprazolam odt	1	
alprazolam xr	1	
amitriptyline	1	
ANAFRANIL	3	
ATIVAN	3	
bupropion	1	
bupropion sr	1	QL
bupropion xl 150 mg, 300 mg tablet	1	QL
buspirone	1	
citalopram tablet	1	QL
citalopram solution	1	
clomipramine	1	
DESVENLAFAXINE ER 50 MG, 100 MG TABLET	3	QL, ST
desvenlafaxine er 25 mg, 50 mg, 100 mg	1	QL, ST
duloxetine	1	QL, ST
EMSAM	3	
escitalopram	1	QL, ST
FETZIMA	2	QL, ST
fluoxetine solution, solution cup	1	
fluoxetine dr	1	QL, ST
fluoxetine 10 mg, 20 mg, 40 mg capsule	1	QL

ANXIETY/DEPRESSION/BIPOLAR DISORDER² (cont.)

Medication	Tier	Notes
fluoxetine 10 mg tablet	1	QL, ST
fluoxetine 20 mg, 60 mg tablet	1	ST
fluvoxamine	1	QL
fluvoxamine er	1	QL, ST
lorazepam intensol	1	
lorazepam oral concentrate	1	
lorazepam tablet	1	
mirtazapine	1	
mirtazapine odt	1	
NUPLAZID	4	SP, PA, QL
PAMELOR	3	
paroxetine 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 oral concentrate	1	
sertraline tablet	1	QL
trazodone	1	
TRINTELLIX	3	QL, ST
venlafaxine	1	QL
venlafaxine er capsule	1	QL
venlafaxine er tablet	1	QL, ST
ZURZUVAE	4	SP, QL

ASTHMA/COPD/RESPIRATORY

Medication	Tier	Notes
ADEMPAS	4	SP, PA, QL
ADVAIR HFA	2	PA, QL
AIRDUO DIGIHALER	3	PA, QL

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Tier 3 – Non-Preferred Brands

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PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

ASTHMA/COPD/RESPIRATORY (cont.)

Medication	Tier	Notes
AIRSUPRA	2	
albuterol	1	
albuterol hfa	1	QL
ambrisentan	1	SP, PA, QL
ANORO ELLIPTA	2	QL
ARNUITY 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
BRONCHITOL	4	SP, PA
budesonide suspension	1	QL
budesonide-formoterol	1	PA, QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	PA, QL
FASENRA PEN	4	SP, PA, QL
fluticasone-salmeterol	1	PA, QL
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
ORENITRAM ER	4	SP, PA, QL
ORENITRAM TITRATION KIT	4	SP, PA, QL
PULMOZYME	4	SP, PA
QVAR REDHALER	2	QL
REVATIO ORAL SUSPENSION, TABLET	4	SP, PA, QL
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL

ASTHMA/COPD/RESPIRATORY (cont.)

Medication	Tier	Notes
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	PA, QL
SYMDEKO	4	SP, PA, QL
TEZSPIRE	4	SP, PA, QL
TRACLEER 32 MG TABLET FOR SUSPENSION	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

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

Medication	Tier	Notes
ADZENYS XR-ODT	3	ST
atomoxetine	1	
AZSTARYS	3	ST
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
dexamethylphenidate	1	
dexamethylphenidate er	1	
dextroamphetamine-amphetamine	1	
dextroamphetamine-amphetamine er	1	
EVEKEO ODT	3	
guanfacine er	1	
JORNAY PM	3	ST
METHYLIN	3	
methylphenidate	1	
methylphenidate cd	1	

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

ATTENTION DEFICIT HYPERACTIVITY DISORDER² (cont.)

Medication	Tier	Notes
methylphenidate er capsule	1	ST
methylphenidate er 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg tablet	1	
methylphenidate er (cd)	1	
methylphenidate er (la)	1	
methylphenidate la	1	
MYDAYIS	3	ST
QELBREE	3	ST
VYVANSE CAPSULE	3	ST
VYVANSE CHEWABLE TABLET	2	ST

BLOOD MODIFIERS/BLEEDING DISORDERS

Medication	Tier	Notes
aminocaproic acid solution, tablet	1	SP
DOPTELET	4	SP, PA, QL
EMPAVELI	4	SP, PA
ENDARI	3	PA
FABHALTA	4	SP, PA
FULPHILA	4	SP, PA, QL
HEMLIBRA	4	SP, PA
PROMACTA	4	SP, PA
TAVALISSE	4	SP, PA, QL
tranexamic acid tablet	1	SP
ZIEXTENZO	4	SP, PA, QL

BLOOD PRESSURE/HEART MEDICATIONS

Medication	Tier	Notes
ALTACE	3	
amlodipine	1	
amlodipine benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
atenolol	1	
bisoprolol	1	

BLOOD PRESSURE/HEART MEDICATIONS (cont.)

Medication	Tier	Notes
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, tablet	1	QL
COREG CR	3	ST
CORGARD	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	2	QL
flecainide	1	
guanfacine	1	
hydralazine tablet	1	
icatibant	1	SP, PA, QL
irbesartan	1	
irbesartan-hctz	1	
labetalol tablet	1	
lisinopril	1	
lisinopril-hctz	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

BLOOD PRESSURE/HEART MEDICATIONS (cont.)

Medication	Tier	Notes
LOPRESSOR	3	ST
losartan	1	
losartan-hctz	1	
matzim la	1	
metoprolol tablet	1	
metoprolol er	1	
MINIPRESS	3	
minoxidil tablet	1	
MULTAQ	3	
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 solution, tablet	1	
propranolol er	1	
ramipril	1	
ranolazine er	1	
sajazir	1	SP, PA, QL
TAKHZYRO	4	SP, PA, QL
taztia xt	1	
TEKTURN HCT	2	
telmisartan	1	
telmisartan-hctz	1	
TENORETIC 50	3	ST
TENORETIC 100	3	ST
TENORMIN	3	ST

BLOOD PRESSURE/HEART MEDICATIONS (cont.)

Medication	Tier	Notes
tiadylt er	1	
TIAZAC	3	
valsartan tablet	1	
valsartan-hctz	1	
verapamil tablet	1	
verapamil er	1	
verapamil er pm	1	
verapamil sr	1	
VERELAN	3	ST
VERELAN PM	3	ST
VERQUVO	2	QL
ZESTORETIC	3	
ZESTRIL	3	
ZIAC	3	ST

BLOOD THINNERS/ANTI-CLOTTING

Medication	Tier	Notes
ARIXTRA	4	SP
BRILINTA	2	
clopidogrel	1	
ELIQUIS	2	
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

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

CANCER (cont.)		
Medication	Tier	Notes
ALUNBRIG	4	SP, PA, QL
anastrozole	1	PPACA
AYVAKIT	4	SP, PA, QL
BOSULIF	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
ERIVEDGE	4	SP, PA, QL
ERLEADA	4	SP, PA, QL
everolimus	1	SP, PA, QL
exemestane	1	PPACA
EXKIVITY	4	SP, PA, QL
GAVRETO	4	SP, PA, QL
hydroxyurea	1	
ICLUSIG	4	SP, PA, QL
imatinib	1	SP, PA, QL
IMBRUVICA	4	SP, PA, QL
INLYTA	4	SP, PA, QL
JAKAFI	4	SP, PA, QL
KISQALI	4	SP, PA, QL
KISQALI FEMARA CO-PACK	4	SP, PA, QL
lenalidomide	1	SP, PA, QL
LENVIMA	4	SP, PA, QL
letrozole	1	
LONSURF	4	SP, PA
LORBRENA	4	SP, PA, QL
LUMAKRAS	4	SP, PA
LYNPARZA	4	SP, PA, QL
MEKINIST	4	SP, PA, QL

CANCER (cont.)		
Medication	Tier	Notes
methotrexate tablet, 25 mg/ml, 50 mg/2 ml, 250 mg/10 ml, 1 gram/40 ml vial	1	
NERLYNX	4	SP, PA
NEXAVAR	4	SP, PA, QL
NINLARO	4	SP, PA, QL
NUBEQA	4	SP, PA, QL
ODOMZO	4	SP, PA, QL
ORGOVYX	4	SP, PA, QL
PIQRAY	4	SP, PA
POMALYST	4	SP, PA
RETEVMO	4	SP, PA, QL
REVLIMID	4	SP, PA, QL
ROZLYTREK	4	SP, PA, QL
SCEMBLIX	4	SP, PA, QL
SPRYCEL	4	SP, PA, QL
STIVARGA	4	SP, PA, QL
TAFINLAR	4	SP, PA, QL
TAGRISSO	4	SP, PA, QL
TALZENNA	4	SP, PA, QL
tamoxifen	1	PPACA
TASIGNA	4	SP, PA, QL
temozolomide	1	SP, PA
TIBSOVO	4	SP, PA
TREXALL	3	
TUKYSA	4	SP, PA, QL
VENCLEXTA	4	SP, PA, QL
VENCLEXTA STARTING PACK	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

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

CANCER (cont.)

Medication	Tier	Notes
XELODA	4	SP, PA, QL
XOSPATA	4	SP, PA, QL
XTANDI	4	SP, PA, QL
ZELBORAF	4	SP, PA, QL

CHOLESTEROL MEDICATIONS

Medication	Tier	Notes
atorvastatin 10 mg, 20 mg	1	QL, PPACA
CADUET	3	QL, ST
DOJOLVI	4	SP, PA
ezetimibe	1	
fenofibrate 43 mg, 67 mg, 130 mg, 134 mg, 200 mg capsule	1	
fenofibrate 40 mg, 120 mg tablet	1	ST
FENOGLIDE	3	ST
icosapent	1	PA
LIVALO	3	QL, ST
lovastatin	1	QL, PPACA
NEXLETOL	2	PA
NEXLIZET	2	PA
omega-3 acid ethyl esters	1	PA
pravastatin	1	QL, PPACA
REPATHA PUSHTRONEX	2	PA
REPATHA SURECLICK	2	PA
REPATHA SYRINGE	2	PA
rosuvastatin 5 mg, 10 mg	1	QL, PPACA
simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1	QL, PPACA
VASCEPA	2	PA
ZYPITAMAG	3	QL, ST

CONTRACEPTION PRODUCTS

Medication	Tier	Notes
ANNOVERA	3	QL, ST, PPACA
aurovela 24 fe	1	PPACA

CONTRACEPTION PRODUCTS (cont.)

Medication	Tier	Notes
aurovela fe	1	PPACA
BEYAZ	3	ST, PPACA
blisovi 24 fe	1	PPACA
blisovi 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 24 fe	1	PPACA
hailey fe	1	PPACA
jasmiel	1	PPACA
junel fe	1	PPACA
junel fe 24	1	PPACA
KYLEENA	4	SP, PPACA
larin 24 fe	1	PPACA
larin fe	1	PPACA
LILETTA	4	SP, PPACA
loryna	1	PPACA
lo-zumandimine	1	PPACA
merzee	1	PPACA
microgestin 24 fe	1	PPACA
microgestin 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

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)

Medication	Tier	Notes
SKYLA	4	SP, PPACA
sprintec	1	PPACA
syeda	1	PPACA
tarina 24 fe	1	PPACA
tarina fe	1	PPACA
taysofy	1	PPACA
tilia fe	1	PPACA
tri femynor	1	PPACA
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-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	
TUZISTRA XR	3	PA

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	
FLUORIDEX	3	
FLUORIDEX SENSITIVITY RELIEF	3	
JUST RIGHT 5000	3	
oralone	1	
PERIDEX	3	
periogard	1	
PREVIDENT	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 SENSITIVE	3	
sf	1	
sf 5000 plus	1	
sodium fluoride	1	
sodium fluoride sensitive	1	
sodium fluoride 5000 plus	1	
triamcinolone 0.1% paste	1	

DIABETES

Medication	Tier	Notes
ACCU-CHEK AVIVA 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, ST

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

DIABETES (cont.)		
Medication	Tier	Notes
BAQSIMI	2	QL
BASAGLAR KWIKPEN U-100	3	
BASAGLAR TEMPO PEN U-100	3	
BD AUTOSHIELD DUO PEN NEEDLE	2	
BD LUER-LOK SYRINGE	2	
BD NANO 2ND GEN PEN NEEDLE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD SAFETYGLIDE NEEDLE	2	
BD ULTRA-FINE MICRO PEN NEEDLE	2	
BD ULTRA-FINE MINI PEN NEEDLE	2	
BD ULTRA-FINE NANO PEN NEEDLE	2	
BD ULTRA-FINE ORIGINAL PEN NEEDLE	2	
BD ULTRA-FINE SHORT PEN NEEDLE	2	
BD VEO INSULIN SYRINGE	2	
BYDUREON BCISE	2	PA, QL
BYETTA	2	PA, QL
CEQR SIMPLICITY	2	
CEQR SIMPLICITY INSERTER	2	
CYCLOSET	3	
DEXCOM G6 RECEIVER	2	QL, ST
DEXCOM G6 SENSOR	2	QL, ST
DEXCOM G6 TRANSMITTER	2	QL, ST
DEXCOM G7 RECEIVER	2	QL, ST
DEXCOM G7 SENSOR	2	QL, ST
DROPLET GENTEEL LANCING DEVICE	2	
ECLIPSE SYRINGE	2	
EXTENDED RESERVOIR	3	
FARXIGA	2	QL, ST
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE 14 DAY READER	2	ST
FREESTYLE LIBRE 14 DAY SENSOR	2	QL, ST
FREESTYLE LIBRE 2 READER	2	ST
FREESTYLE LIBRE 2 SENSOR	2	QL, ST

DIABETES (cont.)		
Medication	Tier	Notes
FREESTYLE LIBRE 3 SENSOR	2	QL, ST
FREESTYLE LITE TEST STRIP	2	
FREESTYLE PRECISION NEO TEST STRIP	2	
FREESTYLE TEST STRIP	2	
glimepiride	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
GVOKE HYPOPEN	2	QL
GVOKE PFS SYRINGE	2	QL
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN U-100	2	
HUMALOG KWIKPEN U-200	2	
HUMALOG MIX 50-50	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG TEMPO PEN U-100	2	
HUMULIN 70/30	2	
HUMULIN 70-30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500	2	
HUMULIN R U-500 KWIKPEN	2	
ILET INFUSION KIT-INSET	2	
ILET INFUSION-CONTACT DETACH	2	
INPEN (FOR HUMALOG)	3	

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Tier 1 – Generics

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Tier 4 – Brand Specialty

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

DIABETES (cont.)		
Medication	Tier	Notes
INPEN (FOR NOVOLOG OR FIASP)	3	
INSULIN LISPRO	2	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN U-100	2	
INSULIN LISPRO PROTAMINE MIX	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE U-500	2	
JANUMET	2	QL, ST
JANUMET XR	2	QL, ST
JANUVIA	2	QL, ST
JARDIANCE	2	QL, ST
LYUMJEV	2	
LYUMJEV KWIKPEN U-100	2	
LYUMJEV KWIKPEN U-200	2	
LYUMJEV TEMPO PEN U-100	2	
MEDTRONIC EXTENDED INFUSION SET	2	
metformin cup, solution	1	ST
metformin 500 mg, 850 mg, 1,000 mg tablet	1	
metformin er	1	QL
metformin er gastric	1	PA, QL
metformin er osmotic	1	PA, QL
MICROLET 2 LANCING DEVICE	2	
MICROLET NEXT LANCING DEVICE	2	
MINIMED INFUSION SET	2	
MINIMED MIO ADVANCE	2	
MINIMED QUICK SET	2	
MINIMED SILHOUETTE	2	
MINIMED SURE T	2	
MOUNJARO	2	PA, QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2	QL

DIABETES (cont.)		
Medication	Tier	Notes
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
OMNIPOD GO PODS	2	QL
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OSENI	3	QL, ST
OZEMPIC	2	PA, QL
PARADIGM RESERVOIR	2	
pioglitazone	1	QL
PRECISION XTRA	2	
RIOMET	3	ST
RYBELSUS	2	PA, QL
SEGLUROMET	2	QL, ST
SEMGLEE (YFGN)	2	
SEMGLEE (YFGN) PEN	2	
SILHOUETTE	2	
SOLIQUA 100-33	2	QL
STEGLATRO	2	QL, ST
SYMLINPEN 60	2	PA, QL
SYMLINPEN 120	2	PA, QL
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRIJARDY XR	2	ST
TRULICITY	2	PA, QL
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
XIGDUO XR	2	QL, ST

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

DIURETICS

Medication	Tier	Notes
acetazolamide tablet	1	
acetazolamide er	1	
ALDACTONE	3	
bumetanide tablet	1	
chlorthalidone	1	
DIURIL	3	
eplerenone	1	
furosemide solution, tablet	1	
hydrochlorothiazide	1	
INSPRA	3	
JYNARQUE	4	SP, PA, QL
KERENDIA	2	PA, QL
LASIX	3	ST
spironolactone	1	

EAR MEDICATIONS

Medication	Tier	Notes
CIPRODEX	3	
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
neomycin-polymyxin-hydrocortisone	1	
ofloxacin drops	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	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	1	
brimonidine-timolol	1	
brinzolamide	1	
CEQUA	3	PA, QL
ciprofloxacin 0.3% eye drops	1	
COMBIGAN	3	ST
cyclosporine 0.05% eye emulsion	1	PA, QL
difluprednate	1	
dorzolamide-timolol	1	
erythromycin ointment	1	
EYSUVIS	3	PA, QL
fluorometholone	1	
FML LIQUIFILM	3	ST
ILEVRO	3	
INVELTYS	3	ST
latanoprost	1	PA
LOTEMAX	3	ST
LOTEMAX SM	3	ST
loteprednol	1	
LUMIGAN	3	PA
MAXITROL	3	
MIEBO	2	PA, QL
moxifloxacin drops	1	

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Tier 1 – Generics

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

EYE CONDITIONS (cont.)

Medication	Tier	Notes
neomycin-polymyxin-dexamethasone	1	
OCUFLOX	3	
ofloxacin 0.3% eye drops	1	
OXERVATE	4	SP, PA
polymyxin b-trimethoprim	1	
PRED FORTE	3	
prednisolone 1% eye drops	1	
PROLENSA	3	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	2	PA, QL
SIMBRINZA	3	
timolol dropperette, gel-solution, gfs gel-solution	1	
timolol 0.25%. 0.5% eye drops	1	
TIMOPTIC	3	ST
TIMOPTIC-XE	3	ST
TOBRADEX	3	
tobramycin 0.3% eye drops	1	
tobramycin-dexamethasone	1	
travoprost	1	PA
TYRVAYA	3	PA
VEVYE	3	PA
VIGAMOX	3	
VYZULTA	3	PA
XDEMVI	4	SP, QL
XIIDRA	2	PA, QL
ZIRGAN	3	

FEMININE PRODUCTS

Medication	Tier	Notes
GYNAZOLE 1	3	
miconazole 3 vaginal suppository	1	
terconazole	1	

GASTROINTESTINAL/HEARTBURN

Medication	Tier	Notes
anucort-hc	1	
aprepitant	1	QL
APRISO ER 0.375 GRAM CAPSULE	3	
ASACOL HD	3	
BYLVAY	4	SP, PA, QL
CHOLBAM	4	SP, PA, QL
constulose	1	
CREON	2	
dexlansoprazole dr	1	QL, ST
DICLEGIS	3	QL
dicyclomine capsule, solution, tablet	1	
esomeprazole dr packet	1	QL, ST
famotidine suspension, 40 mg tablet	1	
GATTEX	4	SP, PA
gavilyte-c	1	PPACA
gavilyte-g	1	PPACA
glycopyrrolate solution, tablet	1	
GOLYTELY	3	
hemmorex-hc	1	
hydrocortisone enema	1	
hydrocortisone ac suppository	1	
KRISTALOSE	3	
lactulose	1	
lansoprazole dr odt	1	QL, ST
lansoprazole dr 30 mg capsule	1	
LINZESS	2	QL
LITHOSTAT	3	
LIVMARLI	4	SP, PA
lubiprostone	1	QL
mesalamine	1	
mesalamine dr	1	
mesalamine er	1	

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Tier 1 – Generics

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

GASTROINTESTINAL/HEARTBURN (cont.)

Medication	Tier	Notes
metoclopramide solution, tablet	1	
misoprostol	1	
MOTOFEN	3	
MOVANTIK	2	QL
OCALIVA	4	SP, PA, QL
OLPRUVA	4	SP, PA
OMECLAMOX-PAK	3	QL
omeprazole capsule	1	QL
ondansetron	1	QL
ondansetron odt	1	QL
PANCREAZE	2	
pantoprazole dr suspension packet	1	ST
pantoprazole dr tablet	1	QL
peg-3350 and electrolytes	1	PPACA
PENTASA 250 MG CAPSULE	2	
PEPCID 40 MG TABLET	3	
PHEBURANE	4	SP, PA
PROCTOCORT 30 MG SUPPOSITORY	3	ST
rabeprazole	1	
RECTIV	2	
RELISTOR	2	ST
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	2	
URSO	3	

GASTROINTESTINAL/HEARTBURN (cont.)

Medication	Tier	Notes
URSO FORTE	3	
ursodiol	1	
VARUBI	2	QL
VIBERZI	2	
VIOKACE	2	
VOQUEZNA	3	ST
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
VOWST	4	SP
XERMELO	4	SP, PA, QL
ZENPEP	2	

HORMONAL AGENTS

Medication	Tier	Notes
ACTIVELLA	3	
amabelz	1	
ANDRODERM	2	QL
ANGELIQ	3	
ARMOUR THYROID	2	
AYGESTIN	3	
budesonide dr	1	
budesonide ec	1	
budesonide er	1	
cabergoline	1	QL
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	PA
dexamethasone elixir, liquid, tablet	1	
dexamethasone 6, 10, 13 day 1.5 mg tablet	1	PA

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OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

HORMONAL AGENTS (cont.)		
Medication	Tier	Notes
dexamethasone intensol	1	
dotti	1	QL
DUAVEE	2	
EGRIFTA SV	4	SP, PA
ERMEZA	3	ST
ESTRACE	3	
estradiol	1	
estradiol (once, twice weekly)	1	QL
estradiol-norethindrone	1	
euthyrox	1	
FORTESTA	3	QL
fyremadel	1	SP, OC
GENOTROPIN	4	SP, PA
JATENZO	3	QL
levo-t	1	
levothyroxine tablet	1	
levoxyl	1	
liothyronine tablet	1	
lyllana	1	QL
MEDROL	3	
medroxyprogesterone	1	
MENOSTAR	3	QL
methylprednisolone dosepack, tablet	1	
mimvey	1	
MYCAPSSA	4	SP, PA, QL
MYFEMBREE	2	PA
NGENLA	4	SP, PA
NOCDURNA	3	PA, QL
norethindrone 5 mg tablet	1	
np thyroid	1	
OMNITROPE	4	SP, PA
ORIAHNN	2	PA
ORLISSA	2	PA, QL

HORMONAL AGENTS (cont.)		
Medication	Tier	Notes
prednisone dose pack, solution, tablet	1	
prednisone intensol	1	
PREMARIN VAGINAL CREAM-APPLICATOR	2	
progesterone capsule	1	
PROMETRIUM	3	
RAYALDEE	3	ST
RAYOS	3	PA
SEROSTIM	4	SP, PA
SOMAVERT	4	SP, PA
TARPEYO	4	SP, PA, QL
testosterone 1% (25mg/2.5g), (50 mg/5 g) pack	1	QL
testosterone gel pump, pack, packet, pump	1	QL
TESTOSTERONE 50 MG/5 GRAM PACKET	3	QL
testosterone cypionate	1	
UCERIS 9 MG ER TABLET	3	
unithroid	1	
VOGELXO	3	QL
XYOSTED	2	QL
yuvafem	1	

INFECTIONS		
Medication	Tier	Notes
ACTICLATE	3	ST
acyclovir capsule, 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

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Tier 1 – Generics

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Tier 4 – Brand Specialty

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AGE – Age Requirement

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OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

INFECTIONS (cont.)		
Medication	Tier	Notes
atovaquone	1	
atovaquone-proguanil	1	QL
avidoxy	1	
azithromycin packet, suspension, tablet	1	
BACTRIM	3	
BACTRIM DS	3	
BARACLUDE SOLUTION	4	SP
BAXDELA 450 MG TABLET	2	PA, QL
BETHKIS	4	SP, PA, QL
BREXAFEMME	3	QL, ST
CAYSTON	4	SP, PA, QL
cefdinir	1	
cefpodoxime	1	
cefuroxime	1	
cephalexin	1	
CIPRO	3	
ciprofloxacin tablet	1	
clarithromycin	1	
clarithromycin er	1	
CLEOCIN	3	
clindamycin	1	
CLINDESSE	3	
coremino	1	ST
crotan	1	
DARAPRIM	4	SP, PA
DIFICID	3	QL
DIFLUCAN	3	
doxycycline hyclate	1	PA, ST
doxycycline monohydrate 150 mg capsule	1	ST
E.E.S. 200	3	
e.e.s. 400	1	
EMVERM	2	QL

INFECTIONS (cont.)		
Medication	Tier	Notes
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, suspension, tablet	1	
famciclovir	1	QL
FLAGYL	3	
fluconazole	1	QL
flucytosine	1	PA
fosfomycin	1	
HARVONI	4	SP, PA, QL
HIPREX	3	
hydroxychloroquine	1	
KITABIS PAK	4	SP, PA, QL
LAGEVRIO (EUA)	2	QL
levofloxacin solution, tablet	1	
LIVTENCITY	4	SP, PA, QL
LYMEPAK	3	
MACROBID	3	
MACRODANTIN	3	
MALARONE	3	QL
MEPRON	3	
methenamine	1	
metronidazole capsule, tablet, vaginal gel	1	
minocycline	1	
minocycline er	1	ST
MINOLIRA ER	3	ST
mondoxylene nl	1	
nitazoxanide	1	QL
nitrofurantoin mono-macro	1	
NUZYRA 150 MG TABLET	4	SP, PA, QL
oseltamivir	1	QL

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

INFECTIONS (cont.)		
Medication	Tier	Notes
PAXLOVID	2	QL
PEGASYS	4	SP, QL
penicillin vk	1	
posaconazole	1	PA
PREVYMIS	4	SP, QL
PRIFTIN	2	
SEYSARA	3	ST
SOLODYN	3	ST
SOLOSEC	2	QL
sulfamethoxazole-tmp	1	
sulfatrim	1	
TAMIFLU	3	QL
TARGADOX	3	ST
terbinafine tablet	1	
TOBI PODHALER	4	SP, PA, QL
tobramycin ampule	1	SP, PA, QL
valacyclovir	1	QL
VALCYTE	3	
valganciclovir	1	
VANCOGIN	3	PA, QL
vancomycin capsule, oral solution	1	PA, QL
vandazole	1	
VEMLIDY	4	SP
VIBRAMYCIN	3	ST
VIVJOA	3	PA, QL
VOSEVI	4	SP, PA, QL
XACIATO	2	
XENLETA TABLET	3	
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	4	SP, PA, QL
ZITHROMAX	3	
ZYVOX	3	PA

INFERTILITY		
Medication	Tier	Notes
CHORIONIC GONADOTROPIN	4	SP, QL, ST
clomiphene	1	OC
CRINONE 8% GEL	2	OC
ENDOMETRIN	3	OC
FOLLISTIM AQ	4	SP, ST, OC
GONAL-F	4	SP, ST, OC
GONAL-F RFF	4	SP, ST, OC
GONAL-F RFF REDI-JECT	4	SP, ST, OC
MENOPUR	4	SP, OC
NOVAREL	4	SP, QL, OC
OVIDREL	4	SP, OC
PREGNYL	4	SP, QL, ST, 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
AUSTEDO	4	SP, PA, QL
AUSTEDO XR	4	SP, PA, QL
AUSTEDO XR TITRATION KIT	4	SP, PA, QL
BREATHRITE	2	
CARBAGLU	4	SP, PA
CERDELGA	4	SP, PA, QL
deferiprone	1	SP, PA
DROPLET LANCETS	2	
EASIVENT	2	
EVRYSDI	4	SP, PA, QL
EXSERVAN	4	SP, PA
FLEXICHAMBER	2	
GALAFOLD	4	SP, PA, QL
HAEGARDA	4	SP, PA, QL

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Brand Specialty

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

MISCELLANEOUS (cont.)

Medication	Tier	Notes
HORIZANT	3	ST
INGREZZA	4	SP, PA, QL
INGREZZA INITIATION PACK	4	SP, PA, QL
MICROLET	2	
MYALEPT	4	SP, PA
NITYR	4	SP, PA
NUEDEXTA	2	PA
ONETOUCH DELICA PLUS LANCET	2	
ONETOUCH LANCET	2	
ONETOUCH ULTRASOFT 2 LANCET	2	
ORFADIN	4	SP, PA
PALYNZIQ	4	SP, PA, QL
POCKET CHAMBER	2	
PRECISION XTRA	2	
PRO COMFORT SPACER-ADULT MASK	2	
PROCARE SPACER	2	
RADICAVA ORS	4	SP, PA
RITEFLO	2	
sapropterin	1	SP, PA
sodium chloride inhalation vial, irrigation vial, vial	1	
SOFT TOUCH	2	
SPACE CHAMBER MASK	2	
STRENSIQ	4	SP, PA
SURE-T	2	
TEGLUTIK	4	SP, PA
TEGSEDI	4	SP, PA, QL
TIGLUTIK	4	SP, PA
TRUEPLUS KETONE TEST STRIP	2	
VEOZAH	3	
VORTEX	2	
VORTEX VHC MASK	2	

MISCELLANEOUS (cont.)

Medication	Tier	Notes
VOXZOGO	4	SP, PA
VYLEESI	4	SP, PA, QL, OC
VYNDAMAX	4	SP, PA

MULTIPLE SCLEROSIS

Medication	Tier	Notes
AVONEX	4	SP, PA, QL
AVONEX PEN	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
PLEGRIDY PEN	4	SP, PA, QL
PONVORY	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	
betaine anhydrous	1	SP, PA
calcidol	1	OC
calcitriol ampule, capsule, solution, vial	1	OC
CEREFOLIN NAC	3	OC

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Tier 1 – Generics

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Tier 4 – Brand Specialty

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ST – Step Therapy

AGE – Age Requirement

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

NUTRITIONAL/DIETARY (cont.)		
Medication	Tier	Notes
DEPLIN-ALGAL OIL	3	OC
DRISDOL	3	OC
ergocalciferol	1	OC
folic acid 400 mcg, 800 mcg. 0.4 mg, 0.8 mg tablet	1	PPACA, OC
FOLTX	3	OC
klor-con	1	
klor-con-ef	1	
klor-con m	1	
K-TAB ER 20 MEQ TABLET	3	
LOKELMA	2	QL
METANX	3	OC
MONOFERRIC	3	PA, OC
NASCOBAL	2	QL, ST, OC
NEEVODHA	3	OC
OB COMPLETE	3	OC
OB COMPLETE ONE	3	OC
OB COMPLETE PETITE	3	OC
OB COMPLETE PREMIER	3	OC
OB COMPLETE WITH DHA	3	OC
PHOSLYRA	2	QL
potassium chloride 10% (20 meq/15ml), (40 meq/30ml)	1	
potassium chloride 20 meq packet	1	
potassium chloride 20% (40 meq/15ml)	1	
potassium chloride er 8 meq, 10 meq capsule	1	
potassium chloride er 8 meq, 10 meq, 15 meq, 20 meq tablet	1	
potassium chloride 10% (20meq/15ml), (40meq/30ml) cup	1	

NUTRITIONAL/DIETARY (cont.)		
Medication	Tier	Notes
PRENATE CHEWABLE	3	OC
PRENATE DHA	3	OC
PRENATE ELITE	3	OC
PRENATE ENHANCE	3	OC
PRENATE ESSENTIAL	3	OC
PRENATE MINI	3	OC
PRENATE PIXIE	3	OC
PRENATE RESTORE	3	OC
PRIMACARE	3	OC
REVELA	3	QL
ROCALTROL	3	ST, OC
sevelamer	1	QL
VELPHORO	2	QL
VELTASSA	2	QL
vitamin d2 400 unit, 1.25 mg (50,000 unit)	1	OC

OSTEOPOROSIS PRODUCTS

Medication	Tier	Notes
ACTONEL	3	QL, ST
alendronate	1	QL
ATELVIA	3	QL, ST
BINOSTO	3	QL, ST
EVISTA	3	
FORTEO	4	SP, PA, QL
FOSAMAX	3	QL, ST
ibandronate tablet	1	SP, PA
raloxifene	1	PPACA
risedronate	1	QL
risedronate dr	1	QL
TERIPARATIDE 620 MCG/2.48 ML	4	SP, PA, QL
TYMLOS	4	SP, PA, QL

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Tier 4 – Brand Specialty

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ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE

Medication	Tier	Notes
acetaminophen-codeine	1	PA, QL
ACTEMRA 162 MG/0.9 ML SYRINGE	4	SP, PA, QL
ACTEMRA ACTPEN	4	SP, PA, QL
ADALIMUMAB-ADAZ(CF)	4	SP, PA, QL
ADALIMUMAB-ADAZ(CF) PEN	4	SP, PA, QL
ADALIMUMAB-ADB(CF)	4	SP, PA, QL
ADALIMUMAB-ADB(CF) PEN CROHN'S	4	SP, PA, QL
ADALIMUMAB-ADB(CF) PEN PS-UV	4	SP, PA, QL
ADALIMUMAB-ADB(CF)PEN	4	SP, PA, QL
AIMOVIG AUTO-INJECTOR	2	PA, QL
AJOVY AUTO-INJECTOR, SYRINGE	2	PA, QL
allopurinol 100 mg, 300 mg tablet	1	
ARAVA	3	QL
ARCALYST	4	SP, PA, QL
baclofen suspension, tablet	1	
BELBUCA	2	PA, QL
BENLYSTA AUTO-INJECTOR, SYRINGE	4	SP, PA, QL
buprenorphine	1	QL, ST
butalbital-acetaminophen-caffeine	1	
CAMBIA	3	QL, ST
celecoxib	1	
colchicine	1	ST
cyclobenzaprine	1	
cyclobenzaprine er	1	PA
CYLTEZO(CF)	4	SP, PA, QL
CYLTEZO(CF) PEN	4	SP, PA, QL
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	SP, PA, QL
CYLTEZO(CF) PEN PSORIASIS-UV	4	SP, PA, QL
diclofenac	1	QL, ST
diclofenac er	1	
DUEXIS	3	ST
DUPIXENT PEN	4	SP, PA, QL
DUPIXENT SYRINGE	4	SP, PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

Medication	Tier	Notes
EC-NAPROSYN	3	ST
ec-naproxen	1	
eletriptan	1	QL
EMGALITY PEN	2	PA, QL
EMGALITY SYRINGE	2	PA, QL
ENBREL	4	SP, PA, QL
ENBREL MINI	4	SP, PA, QL
ENBREL SURECLICK	4	SP, PA, QL
endocet	1	PA, QL
ENSPRYNG	4	SP, PA
febuxostat	1	ST
FEXMID	3	PA
FLECTOR	2	QL, ST
glydo	1	QL
GRALISE	3	ST
HUMIRA	4	SP, PA, QL
HUMIRA PEN	4	SP, PA, QL
HUMIRA PEN CROHN'S-UC-HS	4	SP, PA, QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	SP, PA, QL
HUMIRA(CF)	4	SP, PA, QL
HUMIRA(CF) PEDIATRIC CROHN'S	4	SP, PA, QL
HUMIRA(CF) PEN	4	SP, PA, QL
HUMIRA(CF) PEN CROHN'S-UC-HS	4	SP, PA, QL
HUMIRA(CF) PEN PEDIATRIC UC	4	SP, PA, QL
HUMIRA(CF) PEN PSOR-UEVITS-ADOL HS	4	SP, PA, QL
hydrocodone-acetaminophen	1	PA, QL
hydromorphone solution, suppository, tablet	1	PA, QL
hydromorphone er	1	QL, ST
HYRIMOZ(CF)	4	SP, PA, QL
HYRIMOZ(CF) PEDIATRIC CROHN'S	4	SP, PA, QL
HYRIMOZ(CF) PEN	4	SP, PA, QL
HYRIMOZ(CF) PEN CROHN-UC START	4	SP, PA, QL

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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 – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

Medication	Tier	Notes
HYRIMOZ(CF) PEN PSORIASIS	4	SP, PA, QL
HYSINGLA ER	2	QL, ST
ibu	1	
ibuprofen 100 mg/5 ml suspension, 400 mg, 600 mg, 800 mg tablet	1	
indomethacin 25 mg, 50 mg, 75 mg capsule, 50 mg suppository	1	
indomethacin er	1	
ketorolac carpject, syringe, tablet, vial	1	QL
leflunomide	1	QL
LICART	2	QL, ST
lidocaine ointment, patch, solution	1	PA, QL
lidocaine viscous	1	
meloxicam tablet	1	QL
methocarbamol 500 mg, 750 mg tablet	1	
MITIGARE	2	ST
morphine cup, concentrate, solution, suppository, tablet	1	PA, QL
morphine er	1	QL, ST
NAPRELAN	3	ST
NAPROSYN	3	ST
naproxen 125 mg/5 ml suspension	1	ST
naproxen tablet	1	
naproxen dr	1	
NURTEC ODT	2	PA, QL
OMVOH PEN	4	SP, PA, QL
OTEZLA	4	SP, PA, QL
oxycodone	1	PA, QL
oxycodone-acetaminophen	1	PA, QL
OXYCONTIN	2	QL, ST
prolate tablet	1	PA, QL
QULIPTA	2	PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

Medication	Tier	Notes
RASUVO	2	ST
REYVOW	3	PA, QL
RINVOQ	4	SP, PA, QL
rizatriptan	1	QL
ROXICODONE	3	PA, QL
SAVELLA	2	QL, ST
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	4	SP, PA, QL
SIMPONI ARIA	4	SP, PA
SKYRIZI 150 MG/ML SYRINGE	4	SP, PA, QL
SKYRIZI ON-BODY	4	SP, PA, QL
SKYRIZI PEN	4	SP, PA, QL
SPRIX	3	QL, ST
STELARA SYRINGE, 45 MG/0.5 ML VIAL	4	SP, PA, QL
sumatriptan	1	QL
TALTZ AUTO-INJECTOR , SYRINGE	4	SP, PA, QL
tizanidine	1	
TOSYMRA	3	QL, ST
tramadol 50 mg tablet	1	PA, QL
tramadol er tablet	1	PA, QL, ST
TREMFYA	4	SP, PA, QL
TRUDHESA	3	QL, ST
UBRELVY	2	PA, QL
XELJANZ	4	SP, PA, QL
XELJANZ XR	4	SP, PA, QL
ZANAFLEX	3	
zebutal	1	
ZEMBRACE SYMTOUCH	3	QL, ST
ZEPOSIA	4	SP, PA, QL
ZOMIG 2.5 MG NASAL SPRAY	2	QL, ST
ZTLIDO	2	PA
ZYLOPRIM	3	

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OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

PARKINSON'S DISEASE

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

Medication	Tier	Notes
ABILIFY MYCITE	3	QL
aripiprazole	1	
aripiprazole odt	1	QL
asenapine	1	QL
CAPLYTA	3	QL
chlorpromazine concentrate, tablet	1	
FANAPT	3	QL
GEODON CAPSULE	3	QL
INVEGA	3	QL
LYBALVI	3	QL
olanzapine	1	QL
olanzapine odt	1	QL
paliperidone er	1	QL
quetiapine	1	QL
quetiapine er	1	QL

SCHIZOPHRENIA/ANTI-PSYCHOTICS² (cont.)

Medication	Tier	Notes
REXULTI	3	QL
RISPERDAL	3	QL
risperidone solution, tablet	1	QL
risperidone odt	1	QL
SECUADO	3	QL
VRAYLAR	3	QL
ziprasidone	1	QL
ZYPREXA TABLET	3	QL
ZYPREXA ZYDIS	3	QL

SEIZURE DISORDERS

Medication	Tier	Notes
APTIOM	3	
BRIVIACT	3	ST
carbamazepine	1	
carbamazepine er	1	
CARBATROL	3	
clonazepam	1	
clonazepam odt	1	
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLE	3	ST
DIASTAT	3	
DIASTAT ACUDIAL	3	
DILANTIN 30 MG, 100 MG CAPSULE	3	
divalproex	1	
divalproex er	1	
ELEPSIA XR	3	ST
EPIDIOLEX	4	SP, PA
epitol	1	
FYCOMPA	2	
gabapentin	1	
lacosamide	1	

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

SEIZURE DISORDERS (cont.)

Medication	Tier	Notes
LAMICTAL XR (BLUE), (GREEN), (OR-ANGE) (ST)	3	ST
lamotrigine dispersable tablet, tablet	1	
lamotrigine er	1	
lamotrigine odt	1	
levetiracetam	1	
levetiracetam er	1	
NAYZILAM	2	PA, QL
oxcarbazepine	1	
OXTELLAR XR	3	ST
PHENYTEK	3	
pregabalin	1	
QUDEXY XR	3	ST
roweepra	1	
SPRITAM	3	ST
subvenite	1	
subvenite start kit	1	
SYMPAZAN	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
topiramate	1	
topiramate er	1	ST
TROKENDI XR	3	ST
VALTOCO	3	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

SKIN CONDITIONS (cont.)

Medication	Tier	Notes
AKLIEF	3	PA, QL
amnesteem	1	
AMZEEQ	3	ST
ARAZLO	3	PA
avar	1	
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	
clindacin p pledget	1	
clindamycin 1% foam, gel, lotion, pledget, solution	1	QL, ST
clindamycin-benzoyl peroxide	1	
clobetasol	1	QL, ST
CLOBEX	3	QL, ST
clodan shampoo	1	QL, ST
CLODERM	3	ST
dapsone	1	
DENAVIR	3	
DIFFERIN CREAM, LOTION, GEL PUMP	3	ST
DROPSAFE PREP PAD	2	
DUOBRII	3	QL, ST
EFUDEX	3	
ENSTILAR	2	QL, ST
EPIDUO FORTE	3	ST
EPSOLAY	3	ST
EUCRISA	2	QL, ST
EVOCLIN	3	QL, ST
EXTINA	3	QL, ST

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Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

SKIN CONDITIONS (cont.)		
Medication	Tier	Notes
FINACEA 15% FOAM	2	ST
FINACEA 15% GEL	3	ST
fluorouracil cream, topical solution	1	
halobetasol	1	ST
HALOG	3	ST
isotretinoin	1	
JUBLIA	3	ST
KENALOG	3	QL, ST
ketoconazole	1	QL, ST
ketodan	1	QL, ST
LITFULO	4	SP, PA, QL
METROCREAM	3	ST
METROGEL	3	ST
metronidazole	1	
MIRVASO	2	PA
mupirocin 2% ointment	1	QL
myorisan	1	
NAFTIN	3	QL
neuac gel	1	
OLUX	3	QL, ST
ONEXTON	3	ST
OPZELURA	3	PA, QL
pimecrolimus	1	QL, ST
PRAMOSONE	3	ST
PROTOPIC	3	QL, ST
REGRANEX	2	QL
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	1	

SKIN CONDITIONS (cont.)		
Medication	Tier	Notes
SOOLANTRA	3	QL, ST
sss 10-5	1	
sulfacleanse 8-4	1	ST
SUMAXIN	3	ST
TACLONEX	3	QL, ST
tacrolimus ointment	1	QL, ST
tazarotene cream, gel	1	PA
TEMOVATE	3	QL, ST
tretinoin	1	
triamcinolone cream, lotion, ointment, 0.147 mg/g spray	1	QL, ST
trianex	1	ST
triderm	1	ST
tritocin	1	ST
TWYNEO	3	ST
VALCHLOR	4	SP, PA
VECTICAL	3	
VTAMA	3	PA, QL, ST
WYNZORA	3	QL, ST
XEPI	3	QL, ST
zenatane	1	
ZORYVE	3	PA, QL, ST

SLEEP DISORDERS/SEDATIVES		
Medication	Tier	Notes
BELSOMRA	3	QL, ST
DAYVIGO	3	ST
doxepin tablet	1	QL, ST
eszopiclone	1	QL
LUMRYZ	4	SP, PA, QL
modafinil	1	PA, QL
QUVIVIQ	3	ST
ramelteon	1	QL

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OC – Optional Coverage

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List

SLEEP DISORDERS/SEDATIVES (cont.)

Medication	Tier	Notes
RESTORIL	3	
SILENOR	3	QL, ST
SODIUM OXYBATE	4	SP, PA, QL
SUNOSI	2	PA, QL
WAKIX	4	SP, PA, QL
XYWAV	4	SP, PA, QL
zolpidem sublingual tablet, tablet	1	QL
zolpidem er	1	QL

SMOKING CESSATION²

Medication	Tier	Notes
APO-VARENICLINE	2	QL, PPACA
bupropion sr 150 mg	1	QL, PPACA
NICODERM CQ	2	QL, PPACA
NICOTROL	3	QL, PPACA
NICOTROL NS	3	QL, PPACA
varenicline	1	QL, PPACA

SUBSTANCE ABUSE

Medication	Tier	Notes
buprenorphine-naloxone	1	
KLOXXADO	2	QL
NARCAN	3	QL
ZUBSOLV	2	

TRANSPLANT MEDICATIONS

Medication	Tier	Notes
ASTAGRAF XL	4	SP, PA
azathioprine tablet	1	SP
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

TRANSPLANT MEDICATIONS (cont.)

Medication	Tier	Notes
mycophenolate capsule, suspension, tablet	1	SP
mycophenolic acid	1	SP
MYFORTIC	4	SP
PROGRAF CAPSULE, GRANULE PACKET	4	SP
RAPAMUNE	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	
FLOMAX	3	ST
GELNIQUE	2	QL
GEMTESA	3	
K-PHOS NO.2	3	
K-PHOS ORIGINAL	2	
MYRBETRIQ	2	
oxybutynin solution, syrup, 5 mg tablet	1	
oxybutynin er	1	
phenazopyridine 100 mg, 200 mg tablet	1	
potassium citrate er tablet	1	
PROSCAR	3	ST
solifenacin	1	
tamsulosin	1	
THIOLA EC	4	SP, PA
tolterodine	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

Tier 4 – Brand Specialty

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 National Preferred 4-Tier Specialty Prescription Drug List

URINARY TRACT CONDITIONS *(cont.)*

Medication	Tier	Notes
tolterodine er	1	
tropium	1	
tropium er	1	
UROCIT-K	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
ADACEL TDAP	2	PPACA
BOOSTRIX TDAP	2	PPACA
ENGERIX-B ADULT	2	PPACA
ENGERIX-B PEDIATRIC-ADOLESCENT	2	PPACA
GARDASIL 9	2	PPACA
HAVRIX	2	PPACA
HEPLISAV-B	2	PPACA
MENQUADFI	2	PPACA
M-M-R II VACCINE	2	PPACA
PNEUMOVAX 23	2	PPACA
PREVNAR 20	2	PPACA
RECOMBIVAX HB	2	PPACA
SHINGRIX	2	PPACA
TWINRIX	2	PPACA
VAQTA	2	PPACA
VARIVAX VACCINE	2	PPACA

WEIGHT MANAGEMENT

Medication	Tier	Notes
CONTRACE	3	PA, QL, OC
IMCIVREE	4	SP, PA, QL, OC
phentermine	1	PA, QL, OC
QSYMIA	3	PA, QL, OC
SAXENDA	3	PA, QL, OC
WEGOVY	2	PA, QL, OC
ZEPBOUND	2	PA, QL, OC

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

Tier 4 – Brand Specialty

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

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

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

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

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

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

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

A. Yes.

Frequently Asked Questions (FAQs) (cont.)

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

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

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

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

Q. What are preventive medications?

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

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

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

you get to the pharmacy counter – or, even before you leave your doctor's office.³

Q. What's a cost-share?

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

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

A. Consider using a medication that's covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply (if your plan allows). You should talk with your doctor to see if one of these options may work for you.

Q. What's a generic medication?

A. A generic medication is the same as its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.⁴

Brand-name medications are protected by patents. Patents keep other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than their brand-name versions. They may also have a different flavor, have different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than their brand-name versions, but they're just as safe and effective.

Frequently Asked Questions (FAQs) (cont.)

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

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

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

Q. Can I fill my prescriptions by mail?

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

Express Scripts® Pharmacy for maintenance medications

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

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

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,

- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁸ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and free reminders
- Easily manage your medications online and track your orders

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to **Cigna.com/specialty**.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna App** or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and more. You can also manage your Express Scripts® Pharmacy orders.

Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁹

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

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

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

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



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

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

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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