Cigna Healthcare Advantage 3-Tier Prescription Drug List

Coverage starting January 1, 2027

968436 h Advantage 3-Tier 09/26 © 2026 Cigna Healthcare.



What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
List of medications	6
Your questions, answered	24
Exclusions and limitations for coverage	28

Check your medication coverage anytime.

This document was last updated on 09/01/2026.* Go online to see the most up-to-date list of covered medications.

- **Before your plan starts:** Go to **Cigna.com/druglist**. Select **Advantage** from the dropdown menu, then search for a medication or view the full 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.

About this drug list.

This document shows which generic and brand-name medications are covered on the Cigna Healthcare Advantage 3-Tier Prescription Drug List starting **January 1, 2027**. Medications are grouped by the condition they treat or by medication type and listed in alphabetical (A–Z) order.

This drug list is regularly updated, so this document may not include all of the medications your plan covers. Your plan may not cover all of the medications listed here. Log in to the myCigna app or **myCigna.com**, or check your plan details, to see what's covered.

Note: Your plan doesn't cover prescription medications that treat allergies (like Allegra®, Clarinex®, Xyzal®, and generics) or heartburn and stomach acid problems (like Nexium®, Prilosec OTC®, and generics). These are available over-the-counter (OTC) without a prescription.

How to read this drug list.

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

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	**Tier**	**Notes**
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL
amlodipine-valsartan	1	
atenolol	1	
bisoprolol-hctz	1	
CALAN SR	3	
CAMZYOS	3	SP, PA, QL
candesartan	1	
cartia xt	1	
carvedilol	1	
carvedilol er	1	QL
CATAPRES-TTS 1	3	
CATAPRES-TTS 2	3	
CATAPRES-TTS 3	3	
clonidine patch, tablet	1	
CORLANOR ORAL SOLUTION	2	SP, PA
CORLANOR TABLET	2	PA
dilt xr	1	
diltiazem tablet	1	
diltiazem 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	QL
diltiazem 24hr er (xr)	1	
DIOVAN	3	ST

Medications are grouped by the **condition** they treat or by **medication type**

Tier (cost-share level) shows how much you may pay for a medication

Medications are listed in **alphabetical (A-Z) order**

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

Specialty medications are marked with "**SP**"

Generic medications are shown in **lowercase** letters

Medications with **letters** in this column have extra coverage requirements

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

Tiers

We group covered medications into levels called tiers. The higher the tier, the more the medication may cost you to fill.

Tier 1	**Generics.** ***These medications are covered at your plan's lowest cost-share.*** They work the same as brand-name medications and provide the same health benefits – often at a lower cost.[3]	**$**
Tier 2	**Preferred brands.** These medications usually have a lower-cost generic option that treats the same condition.	**$$**
Tier 3	**Non-preferred brands.** ***These medications are covered at your plan's highest cost-share.*** They usually have lower-cost options that treat the same condition.	**$$$**

Letters in the Notes column

Medications with extra coverage requirements have letters next to their names. Here's what they mean:

PA	**Prior Authorization*** – This medication needs approval from Cigna Healthcare before it can be covered. Your doctor's office will need to send us information showing you meet the coverage requirements.
QL	**Quantity Limit*** – Your plan will only cover a certain amount each time you fill your prescription. If you need more than what's covered, your doctor's office can ask us to review whether 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 option, or your doctor wants you to keep using this medication, your doctor's office can ask us to review whether it can be covered.
AGE	**Age Requirement*** – Your plan will only cover this medication if you're within a certain age range. If you're not and your doctor still wants you to take it, your doctor's office can ask us to review whether it can be covered.
SP	This is a **specialty medication** used to treat rare or complex medical conditions.** Some plans have extra coverage requirements – like limits on how much you can fill at one time or needing to use a certain pharmacy.
PPACA	Under the **Patient Protection and Affordable Care Act (PPACA)**, known as "health care reform," your plan covers this medication at no cost to you – no copay, coinsurance, or deductible.
OC	**Optional Coverage** – Most plans don't cover this medication, but some do. To see if your plan covers it, log in to the myCigna app or **myCigna.com**.

* **Not all plans include prior authorization, quantity limits, Step Therapy, or age limits for certain medications.** Log in to the myCigna app or myCigna.com to see if your plan includes these.

** What's considered a specialty medication can vary by state. For example, **Delaware and Illinois** may not consider every medication marked "SP" to be a specialty medication.

How to find your medication.

Find the condition your medication is used to treat – or the type of medication – in the table below. They're listed in alphabetical (A–Z) order. Then go to the page listed next to it to see how your medication is covered.

Condition	Page
AIDS/HIV	6
ALLERGY/NASAL SPRAYS	6
ALZHEIMER'S DISEASE	6
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6
ASTHMA/COPD/RESPIRATORY	6, 7
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7
BLOOD MODIFIERS/BLEEDING DISORDERS	7, 8
BLOOD PRESSURE/HEART MEDICATIONS	8
BLOOD THINNERS/ANTI-CLOTTING	8
CANCER	8, 9
CHOLESTEROL MEDICATIONS	10
CONTRACEPTION PRODUCTS	10-12
COUGH/COLD MEDICATIONS	12
DENTAL PRODUCTS	12
DIABETES	12-14
DIURETICS	14
EAR MEDICATIONS	14
ERECTILE DYSFUNCTION	14
EYE CONDITIONS	14, 15
FEMININE PRODUCTS	15

Condition	Page
GASTROINTESTINAL/HEARTBURN	15
HORMONAL AGENTS	15, 16
INFECTIONS	16. 17
INFERTILITY	17
MISCELLANEOUS	17, 18
MULTIPLE SCLEROSIS	18
NUTRITIONAL/DIETARY	18, 19
OSTEOPOROSIS PRODUCTS	19
PAIN RELIEF AND INFLAMMATORY DISEASE	19, 20
PARKINSON'S DISEASE	20
SCHIZOPHRENIA/ANTI-PSYCHOTICS	20
SEIZURE DISORDERS	21
SKIN CONDITIONS	21
SLEEP DISORDERS/SEDATIVES	22
SMOKING CESSATION	22
SUBSTANCE USE DISORDER	22
TRANSPLANT MEDICATIONS	22
URINARY TRACT CONDITIONS	22
VACCINES	22, 23
VITAMINS	23
WEIGHT MANAGEMENT	23

Cigna Healthcare Advantage 3-Tier Prescription Drug List

AIDS/HIV

Medication	Tier	Notes
APRETUDE	2	SP, PPACA
BIKTARVY	2	SP, QL
CABENUVA	3	SP, PA
CIMDUO	3	SP, PA
DELSTRIGO	3	SP, PA, QL
DESCOVY 200-25 MG TABLET	2	SP, PPACA
DOVATO	2	SP, QL
emtricitabine-tenofovir 200 mg-300 mg tablet	1	SP, PPACA
GENVOYA	2	SP, QL
IDVYNSO	2	SP, QL
JULUCA	2	SP, QL
ODEFSEY	3	SP, PA, QL
PIFELTRO	3	SP, PA
PREZISTA ORAL SUSPENSION; 75 MG, 150 MG TABLET	2	SP
SYMTUZA	2	SP, QL
tenofovir	1	SP
TRIUMEQ	2	SP, QL
TRIUMEQ PD	2	SP, QL
YEZTUGO	2	SP, PPACA

ALLERGY/NASAL SPRAYS

Medication	Tier	Notes
azelastine 0.1% (137 mcg) spray	1	
epinephrine 0.15 mg, 0.3 mg auto-injector (by Mylan SP-Viatris, Teva USA); nasal solution	1	QL
fluticasone spray	1	OC
GRASTEK	3	PA, QL
hydroxyzine	1	
ipratropium spray	1	
ODACTRA	3	PA, QL
ORALAIR	3	PA, QL
RAGWITEK	3	PA, QL

ALZHEIMER'S DISEASE

Medication	Tier	Notes
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	
bupropion xl 150 mg, 300 mg tablet	1	QL
buspirone 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg tablet	1	
desvenlafaxine succinate er	1	QL
duloxetine 20 mg, 30 mg, 40 mg, 60 mg capsule	1	QL
EMSAM	3	QL
escitalopram oral solution, tablet	1	QL
fluoxetine	1	QL
sertraline	1	QL
trazodone	1	
TRINTELLIX	2	QL
ZURZUVAE	3	SP, PA, QL

ASTHMA/COPD/RESPIRATORY

Medication	Tier	Notes
ADEMPAS	2	SP, PA
AIRSUPRA	2	QL
albuterol	1	
albuterol hfa	1	QL
ALVESCO	2	
ALYFTREK	3	SP, PA, QL
ANORO ELLIPTA	2	QL
ASMANEX, ASMANEX HFA	2	QL
ATROVENT HFA	2	QL
breyna	1	QL
BREZTRI AEROSPHERE	2	QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

ASTHMA/COPD/RESPIRATORY *(cont.)*

Medication	Tier	Notes
BRONCHITOL	3	SP, PA
budesonide-formoterol	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	QL
FASENRA, FASENRA PEN	2	SP, PA, QL
GLASSIA	3	SP, PA
INCRUSE ELLIPTA	2	
JASCAYD	2	SP, PA, QL
montelukast	1	
NUCALA	2	SP, PA, QL
ORENITRAM ER	3	SP, PA
ORENITRAM TITRATION KIT	3	SP, PA, QL
PROLASTIN C	3	SP, PA
QVAR REDIHALER	2	
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
TEZSPIRE	2	SP, PA, QL
TRELEGY ELLIPTA	2	QL
treprostinil	1	SP, PA
TRIKAFTA	3	SP, PA, QL
TYVASO	3	SP, PA
TYVASO DPI	2	SP, PA
UPTRAVI TABLET, TITRATION PACK	2	SP, PA
UPTRAVI VIAL	3	SP, PA
wixela inhub	1	QL
XOLAIR	2	SP, PA, QL
YUTREPIA	2	SP, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER[2]

Medication	Tier	Notes
dextroamphetamine-amphetamine	1	PA
dextroamphetamine-amphetamine er	1	PA, QL
lisdexamfetamine	1	PA, QL

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

Medication	Tier	Notes
methylphenidate er capsule; 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg tablet	1	PA, QL
QUILLIVANT XR	3	PA, QL
XELSTRYM	3	PA, QL

BLOOD MODIFIERS/BLEEDING DISORDERS

Medication	Tier	Notes
ADVATE	3	SP, PA
ADYNOVATE	2	SP, PA
AFSTYLA	2	SP, PA
ALHEMO PEN	2	SP, PA
ALTUVIIIO	2	SP, PA
ARANESP	2	SP, PA
DOPTELET, DOPTELET SPRINKLE	2	SP, PA
ELOCTATE	2	SP, PA
EMPAVELI	2	SP, PA
EPYSQLI	3	SP, PA
ESPEROCT	2	SP, PA
FABHALTA	2	SP, PA, QL
FULPHILA	3	SP, PA
FYLNETRA	3	SP, PA
GRANIX	3	SP, PA
HEMLIBRA	2	SP, PA
HYMPAVZI PEN	2	SP, PA
JIVI	2	SP, PA
KOGENATE FS	2	SP, PA
KOVALTRY	2	SP, PA
NEULASTA	2	SP, PA
NEUPOGEN	3	SP, PA
NIVESTYM	2	SP
NOVOEIGHT	2	SP, PA
NYVEPRIA	2	SP, PA
PROCRIT	2	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

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

BLOOD MODIFIERS/BLEEDING DISORDERS *(cont.)*

Medication	Tier	Notes
RETACRIT	2	SP, PA
RHAPSIDO	2	PA, QL
SOLIRIS	2	SP, PA
STIMUFEND	3	SP, PA
TAVALISSE	2	SP, PA
TAVNEOS	3	SP, PA, QL
tranexamic acid	1	SP
UDENYCA AUTO-INJECTOR, ONBODY, SYRINGE	2	SP, PA
ULTOMIRIS	3	SP, PA
VOYDEYA	2	SP, PA, QL
XYNTHA	3	SP, PA
XYNTHA SOLOFUSE	3	SP, PA
ZARXIO	2	SP
ZIEXTENZO	3	SP, PA

BLOOD PRESSURE/HEART MEDICATIONS

Medication	Tier	Notes
amlodipine	1	
CAMZYOS	2	SP, PA, QL
CARDAMYST	3	PA
carvedilol	1	
clonidine patch, 0.1 mg, 0.2 mg, 0.3 mg tablet	1	
CORLANOR ORAL SOLUTION	2	SP, PA
ENTRESTO SPRINKLE	2	
lisinopril	1	
lisinopril-hctz	1	
losartan	1	
losartan-hctz	1	
metoprolol 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg tablet; vial	1	
metoprolol er	1	
MULTAQ	2	
nebivolol	1	QL

BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*

Medication	Tier	Notes
NITROSTAT	3	
NORLIQVA	2	PA, QL
olmesartan	1	QL
olmesartan-hctz	1	QL
ORLADEYO	3	SP, PA, QL
propranolol	1	
propranolol er	1	
TAKHZYRO	3	SP, PA
valsartan	1	
valsartan-hctz	1	
VERQUVO	2	PA, QL

BLOOD THINNERS/ANTI-CLOTTING

Medication	Tier	Notes
clopidogrel	1	
ELIQUIS, ELIQUIS SPRINKLE	2	
enoxaparin	1	SP, QL
FRAGMIN	3	SP, QL
warfarin	1	
XARELTO	2	
ZONTIVITY	3	

CANCER

Medication	Tier	Notes
abirtega	1	
AKEEGA	3	SP, PA, QL
ALECENSA	2	SP, PA, QL
ALUNBRIG	2	SP, PA, QL
anastrozole	1	PPACA
BOSULIF	3	SP, PA, QL
BRAFTOVI	2	SP, PA, QL
BRUKINSA	2	SP, PA, QL
CABOMETYX	2	SP, PA
CALQUENCE	2	SP, PA
COMETRIQ	3	SP, PA, QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

CANCER *(cont.)*		
Medication	**Tier**	**Notes**
COTELLIC	2	SP, PA, QL
DANZITEN	2	SP, PA
ELIGARD	3	SP
ENSACOVE	2	SP, PA, QL
ERIVEDGE	2	SP, PA
ERLEADA	2	SP, PA
exemestane	1	PPACA
FRUZAQLA	2	SP, PA, QL
GAVRETO	3	SP, PA, QL
HERCESSI	3	SP, PA
hydroxyurea	1	
IBRANCE	3	SP, PA, QL
IBTROZI	3	SP, PA
IMBRUVICA	2	SP, PA, QL
IMKELDI	2	SP, PA
INLYTA	2	SP, PA
JAKAFI	3	SP, PA, QL
JAKAFI XR	3	SP, PA, QL
JYLAMVO	3	
KANJINTI	2	SP, PA
KISQALI	2	SP, PA, QL
KISQALI FEMARA CO-PACK	2	SP, PA, QL
lenalidomide	1	SP, QL
LENVIMA	2	SP, PA
letrozole	1	
LORBRENA	2	SP, PA, QL
LUMAKRAS	3	SP, PA, QL
LYNPARZA	2	SP, PA, QL
MEKINIST	2	SP, PA, QL
MEKTOVI	2	SP, PA, QL
methotrexate	1	
MVASI	2	SP, PA
NINLARO	3	SP, PA, QL

CANCER *(cont.)*		
Medication	**Tier**	**Notes**
NUBEQA	2	SP, PA
ODOMZO	2	SP, PA
OGIVRI	2	SP, PA
ONTRUZANT	3	SP, PA
ORGOVYX	3	SP, PA
PHESGO	3	SP, PA
PIQRAY	2	SP, PA
RETEVMO	3	SP, PA, QL
RIABNI	2	SP, PA
ROZLYTREK	2	SP, PA, QL
RUBRACA	2	SP, PA, QL
RUXIENCE	2	SP, PA
RYDAPT	3	SP, PA
SCEMBLIX	2	SP, PA, QL
STIVARGA	2	SP, PA, QL
TABRECTA	3	SP, PA, QL
TAFINLAR	2	SP, PA, QL
TAGRISSO	3	SP, PA
TALZENNA	2	SP, PA
tamoxifen	1	PPACA
TEPMETKO	3	SP, PA, QL
TRAZIMERA	2	SP, PA
TRUQAP	2	SP, PA, QL
VANFLYTA	3	SP, PA, QL
VENCLEXTA STARTING PACK, TABLET	2	SP, PA
VERZENIO	2	SP, PA, QL
VITRAKVI	3	SP, PA
VIZIMPRO	3	SP, PA
XALKORI	2	SP, PA, QL
XTANDI	2	SP, PA
ZEJULA	2	SP, PA, QL
ZELBORAF	2	SP, PA, QL
ZIRABEV	2	SP, PA
ZYKADIA	2	SP, PA, QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

CHOLESTEROL MEDICATIONS

Medication	Tier	Notes
atorvastatin 10 mg, 20 mg tablet	1	PPACA
atorvastatin 40 mg, 80 mg tablet	1	
CADUET	3	QL
icosapent ethyl	1	
lovastatin 20 mg, 40 mg tablet	1	PPACA
pitavastatin	1	QL, PPACA
pravastatin	1	PPACA
REPATHA	2	
rosuvastatin 5 mg, 10 mg tablet	1	QL, PPACA
rosuvastatin 20 mg, 40 mg tablet	1	QL
simvastatin 5 mg, 80 mg tablet	1	QL
TRYNGOLZA	3	SP, PA, QL
VASCEPA	2	PA

CONTRACEPTION PRODUCTS

Medication	Tier	Notes
afirmelle	1	PPACA
altavera	1	PPACA
alyacen	1	PPACA
amethia	1	PPACA
amethyst	1	PPACA
apri	1	PPACA
aranelle	1	PPACA
ashlyna	1	PPACA
aubra	1	PPACA
aubra eq	1	PPACA
aurovela	1	PPACA
aurovela fe	1	PPACA
aurovela 24 fe	1	PPACA
aviane	1	PPACA
ayuna	1	PPACA
azurette	1	PPACA
balziva	1	PPACA
blisovi fe	1	PPACA
blisovi 24 fe	1	PPACA

CONTRACEPTION PRODUCTS *(cont.)*

Medication	Tier	Notes
briellyn	1	PPACA
camila	1	PPACA
camrese	1	PPACA
camrese lo	1	PPACA
CAYA CONTOURED	2	PPACA
caziant	1	PPACA
charlotte 24 fe	1	PPACA
chateal eq	1	PPACA
cryselle	1	PPACA
cyred	1	PPACA
cyred eq	1	PPACA
dasetta	1	PPACA
daysee	1	PPACA
deblitane	1	PPACA
DEPO-PROVERA	3	PPACA
DEPO-SUBQ PROVERA	3	PPACA
desogestrel-ethinyl estradiol ethinyl estradiol	1	PPACA
dolishale	1	PPACA
drospirenone-ethinyl estradiol	1	PPACA
drospirenone-ethinyl estradiol-levomefolate	1	PPACA
elinest	1	PPACA
ELLA	3	PPACA
eluryng	1	PPACA
emzahh	1	PPACA
enilloring	1	PPACA
enpresse	1	PPACA
enskyce	1	PPACA
errin	1	PPACA
estarylla	1	PPACA
ethynodiol-ethinyl estradiol	1	PPACA
etonogestrel-ethinyl estradiol	1	PPACA
falmina	1	PPACA
feirza	1	PPACA

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
FEMCAP	2	PPACA
finzala	1	PPACA
galbriela	1	PPACA
gemmily	1	PPACA
hailey	1	PPACA
hailey fe	1	PPACA
heather	1	PPACA
iclevia	1	PPACA
incassia	1	PPACA
introvale	1	PPACA
isibloom	1	PPACA
jaimiess	1	PPACA
jasmiel	1	PPACA
jencycla	1	PPACA
jolessa	1	PPACA
joyeaux	1	PPACA
juleber	1	PPACA
junel	1	PPACA
junel fe	1	PPACA
kaitlib fe	1	PPACA
kalliga	1	PPACA
kariva	1	PPACA
kelnor 1-35	1	PPACA
kurvelo	1	PPACA
KYLEENA	3	SP, PPACA
larin	1	PPACA
larin fe	1	PPACA
leena	1	PPACA
lessina	1	PPACA
levonest	1	PPACA
levonorgestrel-ethinyl estradiol	1	PPACA
levonorgestrel-ethinyl estradiol ethinyl estradiol	1	PPACA
levonorgestrel-ethinyl estradiol-fe bisglycinate	1	PPACA

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
LILETTA	3	SP, PPACA
lojaimiess	1	PPACA
loryna	1	PPACA
low-ogestrel	1	PPACA
lo-zumandimine	1	PPACA
luizza	1	PPACA
lutera	1	PPACA
lyleq	1	PPACA
lyza	1	PPACA
marlissa	1	PPACA
medroxyprogesterone syringe, vial	1	PPACA
meleya	1	PPACA
merzee	1	PPACA
mibelas 24 fe	1	PPACA
microgestin	1	PPACA
microgestin fe	1	PPACA
microgestin 24 fe	1	PPACA
mili	1	PPACA
minzoya	1	PPACA
MIRENA	3	SP, PPACA
MIUDELLA	3	PPACA
mono-linyah	1	PPACA
necon	1	PPACA
NEXPLANON	2	SP, PPACA
nikki	1	PPACA
nora-be	1	PPACA
norelgestromin-ethinyl estradiol	1	PPACA
norethindrone 0.35 mg tablet	1	PPACA
norethindrone-ethinyl estradiol 1-0.02 mg, 1.5-0.03 mg (21) tablet	1	PPACA
norethindrone-ethinyl estradiol-fe	1	PPACA
norgestimate-ethinyl estradiol	1	PPACA
nortrel	1	PPACA
nylia	1	PPACA
nymyo	1	PPACA

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
orquidea	1	PPACA
PARAGARD T 380-A	3	SP, PPACA
philith	1	PPACA
pimtrea	1	PPACA
portia	1	PPACA
reclipsen	1	PPACA
rivelsa	1	PPACA
rosyrah	1	PPACA
setlakin	1	PPACA
sharobel	1	PPACA
simliya	1	PPACA
simpesse	1	PPACA
SKYLA	3	SP, PPACA
sprintec	1	PPACA
syeda	1	PPACA
tarina fe	1	PPACA
taysofy	1	PPACA
tilia fe	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
tulana	1	PPACA
turqoz	1	PPACA
tydemy	1	PPACA
valtya	1	PPACA
velivet	1	PPACA

CONTRACEPTION PRODUCTS *(cont.)*		
Medication	**Tier**	**Notes**
vestura	1	PPACA
vienva	1	PPACA
viorele	1	PPACA
volnea	1	PPACA
vyfemla	1	PPACA
vylibra	1	PPACA
wera	1	PPACA
WIDE SEAL DIAPHRAGM	3	PPACA
wymzya fe	1	PPACA
xarah fe	1	PPACA
xelria fe	1	PPACA
xulane	1	PPACA
zafemy	1	PPACA
zarah	1	PPACA
zovia 1-35	1	PPACA
zumandimine	1	PPACA
COUGH/COLD MEDICATIONS		
Medication	**Tier**	**Notes**
brompheniramine-pseudoephedrine-dm	1	
hydrocodone-homatropine	1	PA, QL
DENTAL PRODUCTS		
Medication	**Tier**	**Notes**
doxycycline hyclate 20 mg tablet	1	
FLORIVA DROPS	3	PPACA
periogard	1	
PREVIDENT KIDS	3	
DIABETES		
Medication	**Tier**	**Notes**
ACCU-CHEK AVIVA CONTROL SOLUTION	1	
ACCU-CHEK FASTCLIX LANCING DEVICE	1	

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	1	
ACCU-CHEK GUIDE ME GLUCOSE METER	3	
ACCU-CHEK GUIDE MONITOR SYSTEM	3	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	1	
ACCU-CHEK SOFTCLIX LANCET KIT	1	
BAQSIMI	2	QL
BASAGLAR	2	QL
BD AUTOSHIELD DUO PEN NEEDLE	1	
BD INSULIN SYRINGE	1	
BD NANO 2ND GEN PEN NEEDLE	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	
BD SAFETYGLIDE INSULIN SYRINGE	1	
BD ULTRA-FINE INSULIN SYRINGE	1	
BD ULTRA-FINE PEN NEEDLE	1	
BD VEO INSULIN SYRINGE	1	
CEQUR SIMPLICITY 1U (2.4 ML), 2U 3 DAY, 2U 4 DAY PATCH	2	
CEQUR SIMPLICITY INSERTER	2	
CONTOUR METER	3	
CONTOUR NEXT METER	3	
CONTOUR NEXT EZ METER	3	
CONTOUR NEXT GEN METER	3	
CONTOUR NEXT ONE METER	3	
CONTOUR PLUS BLUE METER	3	
CYCLOSET	3	
DEXCOM G6	2	PA, QL
DEXCOM G7	2	PA, QL
DROPLET GENTEEL LANCING DEVICE	1	
FREESTYLE FREEDOM LITE METER	2	
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE	2	PA, QL

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
FREESTYLE LITE METER	2	
FREESTYLE LITE TEST STRIP	2	
FREESTYLE PRECISION NEO METER	2	
FREESTYLE TEST STRIP	2	
glimepiride 1 mg, 2 mg, 4 mg tablet	1	
GLIMEPIRIDE 3 MG TABLET	3	
GLUCAGON EMERGENCY KIT	3	QL
GLUCOCARD 01, EXPRESSION, SHINE, VITAL METER KIT	3	
GLUCOCARD SHINE CONNEX, EXPRESS METER	3	
GLYXAMBI	2	QL, ST
HUMALOG	2	QL
HUMULIN N, HUMULIN R, HUMULIN 70/30	2	QL
INPEN (FOR HUMALOG, NOVOLOG, FIASP)	1	
INSULIN LISPRO	2	QL
JANUMET XR	2	QL, ST
JARDIANCE	2	QL, ST
LYUMJEV	2	QL
MERILOG	2	QL
MERILOG SOLOSTAR	2	QL
metformin oral solution; 500 mg, 750 mg, 850 mg, 1000 mg tablet	1	
metformin er 500 mg, 750 mg tablet	1	
MICROLET 2 LANCING DEVICE	1	
MICROLET NEXT LANCING DEVICE	1	
MINIMED INSTINCT SENSOR	3	PA, QL
MOUNJARO	2	PA, QL
OMNIPOD	2	QL
ONETOUCH ULTRA2 GLUCOSE SYSTEM	3	
ONETOUCH VERIO FLEX, REFLECT METER	3	
OZEMPIC	2	PA, QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

DIABETES *(cont.)*		
Medication	**Tier**	**Notes**
PARADIGM RESERVOIR 1.8 ML	1	
PARADIGM RESERVOIR 3 ML	3	
POGO AUTOMATIC BLOOD GLUCOSE SYSTEM	3	
PRECISION XTRA MONITOR, TEST STRIP	2	
REZVOGLAR KWIKPEN	2	QL
RYBELSUS	2	PA, QL
SOLIQUA 100-33	2	
SYMLINPEN	2	
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TRESIBA	2	QL
TRIJARDY XR	2	QL, ST
TRUE METRIX AIR GLUCOSE METER	2	
TRUE METRIX BLOOD GLUCOSE METER, TEST STRIP	2	
TRUENESS BLOOD GLUCOSE MONITOR	3	
TRULICITY	2	PA, QL
TWIIST	2	QL
V-GO	2	
ZEGALOGUE	2	QL

DIURETICS		
Medication	**Tier**	**Notes**
CAROSPIR	2	PA
hydrochlorothiazide	1	
KERENDIA	2	PA, QL
spironolactone	1	

EAR MEDICATIONS		
Medication	**Tier**	**Notes**
ciprofloxacin-dexamethasone	1	
ofloxacin ear drops	1	
OTOVEL	3	

ERECTILE DYSFUNCTION		
Medication	**Tier**	**Notes**
CIALIS	3	QL, ST, OC
MUSE	3	QL, OC
STENDRA	3	QL, ST, OC
tadalafil	1	QL, OC
VIAGRA	3	QL, ST, OC

EYE CONDITIONS		
Medication	**Tier**	**Notes**
AZASITE	2	
BESIVANCE	2	
BETOPTIC S	2	
brimonidine-timolol	1	
bromfenac	1	
BYOOVIZ	3	SP, PA
CEQUA	2	
CIMERLI	3	SP, PA
cyclosporine eye emulsion	1	
erythromycin eye ointment	1	
EYSUVIS	2	QL
latanoprost	1	PA
loteprednol	1	
MIEBO	2	QL
moxifloxacin drops	1	
ofloxacin eye drops	1	
OXERVATE	3	SP, PA
polymyxin b sulfate-trimethoprim	1	
prednisolone drops	1	
RESTASIS EYE EMULSION	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	2	
TOBRADEX	3	
TOBRADEX ST	2	

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

EYE CONDITIONS *(cont.)*		
Medication	**Tier**	**Notes**
tobramycin-dexamethasone	1	
travoprost	1	PA
TRYPTYR	3	
TYRVAYA	2	QL
XDEMVY	2	SP, PA, QL
XIIDRA	2	
ZIRGAN	3	

FEMININE PRODUCTS		
Medication	**Tier**	**Notes**
GYNAZOLE 1	1	
terconazole	1	

GASTROINTESTINAL/HEARTBURN		
Medication	**Tier**	**Notes**
APRISO	3	
BONJESTA	3	
CHOLBAM	3	SP, PA
dexlansoprazole dr	1	PA, QL, OC
dicyclomine ampule, capsule, oral solution, 20 mg tablet, vial	1	
ENTYVIO VIAL	2	SP, PA
esomeprazole 20 mg, 40 mg capsule	1	QL, OC
esomeprazole packet	1	QL
famotidine oral suspension	1	
GATTEX	3	SP, PA
gavilyte-c	1	PPACA
gavilyte-g	1	PPACA
gavilyte-n	1	PPACA
IQIRVO	2	SP, PA
LINZESS	2	
LITHOSTAT	3	
mesalamine	1	
MOTOFEN	3	
MOVANTIK	2	PA

GASTROINTESTINAL/HEARTBURN *(cont.)*		
Medication	**Tier**	**Notes**
OCALIVA	3	SP, PA
OLPRUVA	3	SP, PA
omeprazole capsule	1	QL, OC
ondansetron	1	
ondansetron odt 4 mg, 8 mg tablet	1	
PANCREAZE	2	
pantoprazole	1	QL, OC
peg 3350-electrolyte	1	PPACA
peg3350-sodium sulfate-sodium chloride-potassium chloride sodium ascorbate-ascorbic acid	1	PPACA
PHEBURANE	2	SP, PA, QL
RECTIV	3	
RELISTOR SYRINGE, VIAL	3	PA
REZDIFFRA	3	SP, PA, QL
SANCUSO	3	PA, QL
SFROWASA	3	
sodium sulfate-potassium sulfate-magnesium sulfate	1	PPACA
SUCRAID	3	SP, PA
sucralfate	1	
SYMPROIC	2	PA
TRULANCE	2	
VARUBI	3	PA, QL
VIBERZI	2	
VIOKACE	3	
VOQUEZNA TABLET	3	PA, QL
VOWST	3	SP, PA, QL
ZENPEP	2	

HORMONAL AGENTS		
Medication	**Tier**	**Notes**
ACTHAR VIAL	3	SP, PA
ANGELIQ	3	
BIJUVA	3	

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

HORMONAL AGENTS *(cont.)*		
Medication	**Tier**	**Notes**
ACTHAR VIAL	3	SP, PA
ANGELIQ	3	
BIJUVA	3	
CETROTIDE	2	SP, PA, OC
COMBIPATCH	2	
CORTROPHIN VIAL	3	SP, PA
CRINONE 4% GEL	3	PA
DUAVEE	2	
estradiol cream, gel packet, gel pump, patch, tablet	1	QL
EVAMIST	3	
FENSOLVI	2	SP, PA
fyremadel	1	SP, PA, OC
GENOTROPIN	2	SP, PA
INTRAROSA	3	QL
levoxyl	1	
LUPRON DEPOT 3.75 MG KIT, 11.25 MG 3 MONTH KIT	2	SP, PA
lyllana	1	QL
methylprednisolone	1	
MYFEMBREE	2	PA, QL
OMNITROPE	2	SP, PA
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
OSPHENA	3	QL
prednisone	1	
PREMARIN VAGINAL CREAM, VIAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone capsule	1	
RAYALDEE	3	
SOMATULINE DEPOT	2	SP, PA
SOMAVERT	2	SP, PA
testosterone gel, gel packet, gel pump, solution pump	1	PA, QL

HORMONAL AGENTS *(cont.)*		
Medication	**Tier**	**Notes**
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml vial	1	
thyroid	1	
TRIPTODUR	2	SP, PA
UCERIS TABLET	3	PA, QL
YORVIPATH	3	SP, PA
yuvafem	1	QL

INFECTIONS		
Medication	**Tier**	**Notes**
AEMCOLO	3	QL
amoxicillin	1	
amoxicillin-clavulanate	1	
ARIKAYCE	3	SP, PA
azithromycin	1	
BARACLUDE ORAL SOLUTION	2	SP
BAXDELA	3	PA
BEYFORTUS	3	PPACA
CAYSTON	3	SP, PA, QL
cefdinir	1	
cephalexin	1	
ciprofloxacin oral suspension, tablet	1	
clindamycin capsule, oral solution, vaginal cream, vial	1	
CRESEMBA	3	PA
DIFICID ORAL SUSPENSION	3	QL
EMVERM	1	
ENFLONSIA	3	PPACA
entecavir	1	SP, QL
EPCLUSA	2	SP, PA, QL
fluconazole	1	
HARVONI	2	SP, PA, QL
hydroxychloroquine	1	
KITABIS PAK	3	SP, PA, QL
LAGEVRIO (EUA)	2	QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

INFECTIONS *(cont.)*		
Medication	**Tier**	**Notes**
LIKMEZ	3	PA
MACROBID	3	
metronidazole capsule, intravenous solution; 250 mg, 500 mg tablet; vaginal gel	1	
morgidox capsule	1	
nitrofurantoin capsule; 25 mg/5 ml oral suspension	1	
NUZYRA	3	SP, PA, QL
oseltamivir	1	QL
PAXLOVID	2	QL
posaconazole	1	
PREVYMIS	3	SP
SIVEXTRO	3	PA
sulfamethoxazole-trimethoprim	1	
TOBI PODHALER	2	SP, PA, QL
valacyclovir	1	
VEMLIDY	2	SP
VIVJOA	3	SP, PA
VOSEVI	2	SP, PA, QL
XENLETA	3	PA, QL
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	2	SP, PA, QL
ZYVOX	3	PA

INFERTILITY		
Medication	**Tier**	**Notes**
CRINONE 8% GEL	2	OC
ENDOMETRIN	2	OC
FOLLISTIM AQ	3	SP, PA, OC
GONAL-F	2	SP, PA, OC
GONAL-F RFF REDI-JECT	2	SP, PA, OC
milophene	1	OC

INFERTILITY *(cont.)*		
Medication	**Tier**	**Notes**
NOVAREL	3	SP, PA, OC
OVIDREL	2	SP, PA, OC
PREGNYL	2	SP, PA, OC

MISCELLANEOUS		
Medication	**Tier**	**Notes**
acamprosate	1	
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ADDYI	3	QL, OC
BOTOX 100 MG, 200 MG VIAL	3	SP, PA
CERDELGA	2	SP, PA
CEREZYME	3	SP, PA
CINRYZE	3	SP, PA
deferiprone	1	SP, PA
DROPLET LANCET	1	
DYSPORT	3	SP, PA
ELFABRIO	3	SP, PA
EVRYSDI	3	SP, PA
FABRAZYME	3	SP, PA
FILSPARI	2	SP, PA, QL
HAEGARDA	3	SP, PA
INGREZZA	2	SP, PA, QL
MICROLET LANCET	1	
NITYR	2	SP, PA
NUEDEXTA	3	QL
ONETOUCH DELICA PLUS LANCET	1	
ONETOUCH ULTRASOFT 2 LANCET	1	
ORFADIN	3	SP, PA
PALYNZIQ	3	SP, PA
POGO AUTOMATIC TEST CARTRIDGE	3	
PRECISION XTR B-KETONE STRIP	3	
RADICAVA ORS	3	SP, PA, QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

MISCELLANEOUS *(cont.)*		
Medication	**Tier**	**Notes**
RUCONEST	3	SP, PA
SAPHNELO PEN, SYRINGE	2	SP, PA
sodium chloride irrigation solution, inhalation vial	1	
STRENSIQ	2	SP, PA
TECHLITE LANCET	1	
TEGLUTIK	3	SP, PA
TIGLUTIK	3	SP, PA
TRUEPLUS KETONE TEST STRIP	3	
TRUEPLUS LANCET	1	
VIVITROL	3	SP
VOYXACT	2	SP, PA, QL
VYLEESI	3	SP, PA, QL, OC
VYNDAMAX	2	SP, PA, QL
VYNDAQEL	3	SP, PA, QL
VYVGART HYTRULO	3	SP, PA
YUVIWEL	3	SP, PA

MULTIPLE SCLEROSIS		
Medication	**Tier**	**Notes**
AVONEX	2	SP, PA
BAFIERTAM	2	SP, PA
BETASERON	2	SP, PA
dimethyl	1	SP
FIRDAPSE	3	SP, PA, QL
glatopa	1	SP
KESIMPTA PEN	2	SP, PA
MAYZENT	2	SP, PA
OCREVUS	2	SP, PA
OCREVUS ZUNOVO	2	SP, PA
PLEGRIDY	2	SP, PA
REBIF	2	SP, PA
REBIF REBIDOSE	2	SP, PA
TYRUKO	3	SP, PA

MULTIPLE SCLEROSIS *(cont.)*		
Medication	**Tier**	**Notes**
TYSABRI	3	SP, PA
VUMERITY	2	SP, PA

NUTRITIONAL/DIETARY		
Medication	**Tier**	**Notes**
ACCRUFER	3	
AURYXIA	3	QL
CYSTADANE	3	SP
dodex	1	
FLORIVA CHEWABLE TABLET	3	PPACA
flotrex	1	PPACA
fluoride	1	PPACA
folic acid 1 mg tablet; vial	1	
LOKELMA	2	
ludent fluoride	1	PPACA
MONOFERRIC	3	PA
multivitamin-fluoride	1	PPACA
multivitamin-fluoride-iron	1	PPACA
mvc-fluoride	1	PPACA
NEEVODHA	3	
OB COMPLETE CAPLET	3	
OB COMPLETE DHA, ONE, PETITE, PREMIER	2	
POLY-VI-FLOR	3	PPACA
potassium chloride oral solution, 20 meq packet	1	
PRENATE CHEWABLE, ENHANCE, ESSENTIAL, MINI, PIXIE, RESTORE	3	
PRENATE DHA, ELITE	2	
PRIMACARE	3	
QUFLORA PEDIATRIC DROPS; 1 MG CHEWABLE TABLET	3	PPACA
sodium fluoride chewable tablet, drops	1	PPACA
soluvita a,c,d with fluoride	1	PPACA

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

NUTRITIONAL/DIETARY *(cont.)*

Medication	Tier	Notes
SOLUVITA MULTIVITAMIN FLUORIDE	3	PPACA
TRI-VI-FLOR	3	PPACA
tri-vitamin with fluoride	1	PPACA
tri-vite with fluoride	1	PPACA
VELTASSA	2	
VITAFOL ULTRA	3	
vitamin d2 1.25 mg (50,000 unit)	1	
vitamins a,c,d and fluoride	1	PPACA

OSTEOPOROSIS PRODUCTS

Medication	Tier	Notes
alendronate	1	
BILDYOS	2	SP, PA
BILPREVDA	2	SP, PA
BINOSTO	3	ST
JUBBONTI	2	SP, PA
JUBEREQ	2	SP, PA
OSVYRTI	2	SP, PA
raloxifene	1	PPACA
teriparatide	1	SP, PA, QL
WYOST	2	SP, PA

PAIN RELIEF AND INFLAMMATORY DISEASE

Medication	Tier	Notes
acetaminophen-codeine	1	PA
ADALIMUMAB-AATY (CF)	2	SP, PA, QL
ADALIMUMAB-ADBM (CF)	2	SP, PA, QL
AIMOVIG	2	PA
AJOVY	2	PA
ARCALYST	3	SP, PA
AVSOLA	2	SP, PA
AVTOZMA	2	SP, PA, QL
BELBUCA	2	QL
BENLYSTA	3	SP, PA
BIMZELX	3	SP, PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*

Medication	Tier	Notes
celecoxib	1	QL
CIMZIA	2	SP, PA, QL
colchicine	1	
COSENTYX PEN, SYRINGE	2	SP, PA, QL
COSENTYX VIAL	3	SP, PA
cyclobenzaprine tablet	1	
diclofenac 1% gel, tablet	1	QL
DUPIXENT	2	SP, PA, QL
DUROLANE	2	SP, PA
EMGALITY	2	PA
ENBREL	2	SP, PA, QL
EUFLEXXA	2	SP, PA
GEL-ONE	3	SP, PA
GELSYN-3	2	SP, PA
HYALGAN	3	SP, PA
hydrocodone-acetaminophen	1	PA
HYMOVIS	3	SP, PA
ICOTYDE	2	SP, PA, QL
ILARIS	3	SP, PA
ILUMYA	3	SP, PA, QL
IMULDOSA (by Accord BioPharma)	2	SP, PA, QL
INFLECTRA	2	SP, PA
KEVZARA	3	SP, PA, QL
meloxicam tablet	1	
MITIGARE	2	
MONOVISC	3	SP, PA
NUCYNTA ER	3	PA
NURTEC ODT	2	PA, QL
OLUMIANT	3	SP, PA, QL
OMVOH	2	SP, PA, QL
ORENCIA	3	SP, PA, QL
ORTHOVISC	3	SP, PA
OTEZLA	2	SP, PA, QL
OTEZLA XR	2	SP, PA, QL

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE *(cont.)*

Medication	Tier	Notes
OXAYDO	3	PA
oxycodone ir capsule, oral concentrate, oral solution, ir tablet	1	PA
PROCTOFOAM-HC	3	
prolate tablet	1	PA
QULIPTA	2	PA, QL
RENFLEXIS	3	SP, PA
RINVOQ	2	SP, PA, QL
RINVOQ LQ	2	SP, PA, QL
ROXYBOND	3	PA
SELARSDI	2	SP, PA, QL
SIMLANDI (CF)	2	SP, PA, QL
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	2	SP, PA, QL
SIMPONI ARIA	2	SP, PA
SKYRIZI	2	SP, PA, QL
SOTYKTU	2	SP, PA, QL
sumatriptan	1	QL
SUPARTZ FX	3	SP, PA
SYNVISC	3	SP, PA
SYNVISC-ONE	3	SP, PA
TALTZ	2	SP, PA, QL
tanlor	1	
tramadol 50 mg, 100 mg tablet	1	QL
TREMFYA	2	SP, PA, QL
TRILURON	3	SP, PA
TYENNE	2	SP, PA, QL
UBRELVY	2	PA, QL
VELSIPITY	2	SP, PA, QL
VISCO-3	3	SP, PA
XTAMPZA ER	2	PA
YESINTEK	2	SP, PA, QL
ZAVZPRET	2	PA, QL
ZEPOSIA	2	SP, PA

PARKINSON'S DISEASE

Medication	Tier	Notes
APOKYN	3	SP, PA
CREXONT	3	ST
INBRIJA	3	SP, PA
NEUPRO	3	
NOURIANZ	3	SP, PA, QL
pramipexole	1	
ropinirole	1	
RYTARY	3	ST
XADAGO	3	ST

SCHIZOPHRENIA/ANTI-PSYCHOTICS[2]

Medication	Tier	Notes
ABILIFY ASIMTUFII	2	QL
ABILIFY MAINTENA	2	QL
aripiprazole	1	QL
ARISTADA	2	QL
ARISTADA INITIO	2	
CAPLYTA	3	QL, ST
ERZOFRI	2	QL
INVEGA HAFYERA	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
lurasidone	1	QL
olanzapine	1	
PERSERIS	3	QL
quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tablet	1	QL, ST
REXULTI	2	QL, ST
risperidone	1	
RYKINDO	3	QL
SECUADO	3	ST
UZEDY	3	QL
VRAYLAR	3	QL, ST

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

SEIZURE DISORDERS

Medication	Tier	Notes
clonazepam	1	
DILANTIN 100 MG CAPSULE; CHEWABLE TABLET, ORAL SUSPENSION	3	PA
DILANTIN 30 MG CAPSULE	2	PA
EPIDIOLEX	3	SP, PA
FINTEPLA	3	SP, PA
gabapentin	1	
lamotrigine er	1	
NAYZILAM	2	PA, QL
pregabalin	1	
relgaabi 300 mg, 400 mg capsule	1	
SPRITAM	3	PA
subvenite tablet	1	
topiramate	1	
topiramate er	1	QL
VALTOCO	2	PA, QL
XCOPRI	3	PA, QL

SKIN CONDITIONS

Medication	Tier	Notes
ABSORICA	3	
ADBRY, ADBRY AUTOINJECTOR	2	SP, PA, QL
azelaic acid	1	
BRYHALI	3	ST
CAPEX SHAMPOO	3	ST
CIBINQO	2	SP, PA, QL
clindamycin foam, gel, lotion, pledget, topical solution	1	
clobetasol 0.05% cream; foam, gel, lotion, ointment, shampoo, topical solution, topical spray	1	
CLODERM	3	ST
clotrimazole-betamethasone	1	

SKIN CONDITIONS *(cont.)*

Medication	Tier	Notes
DROPSAFE PREP PAD	1	
DRYSOL	3	
EBGLYSS	2	SP, PA, QL
EUCRISA	2	ST
halobetasol cream, foam, ointment	1	
isotretinoin	1	
ketoconazole cream, foam, shampoo	1	
LEQSELVI	3	SP, PA, QL
lexette	1	
LITFULO	3	SP, PA, QL
mupirocin ointment	1	
NAFTIN	3	
NEMLUVIO	2	SP, PA, QL
ONEXTON	3	
OPZELURA	3	PA
pimecrolimus	1	
PRAMOSONE	3	
RETIN-A MICRO PUMP 0.08% GEL	3	PA_AGE
SANTYL	3	QL
sodium sulfacetamide-sulfur 9-4%, 9.8-4.8%, 10-2%, 10-5% cleanser; cream, lotion, pad, 8-4%, 10-5% topical suspension; wash	1	
SOOLANTRA	3	
tacrolimus ointment	1	
TAZORAC	3	
tretinoin cream, gel	1	PA_AGE
triderm	1	
TWYNEO	3	
XEPI	3	
zenatane	1	
ZORYVE 0.05%, 0.15% CREAM	2	QL, ST

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

SLEEP DISORDERS/SEDATIVES

Medication	Tier	Notes
DAYVIGO	2	QL, ST
eszopiclone	1	
LUMRYZ	3	SP, PA, QL
sodium oxybate	1	SP, PA, QL
SUNOSI	2	PA, QL
WAKIX	3	SP, PA, QL
XYWAV	3	SP, PA, QL
zolpidem sublingual tablet, tablet	1	

SMOKING CESSATION

Medication	Tier	Notes
bupropion sr 150 mg extended release 12-hour tablet	1	PPACA, OC
NICOTROL NS	3	PPACA, OC
varenicline	1	PPACA, OC

SUBSTANCE USE DISORDER

Medication	Tier	Notes
BRIXADI	3	SP
buprenorphine-naloxone	1	
KLOXXADO	2	QL
LUCEMYRA	2	QL
OPVEE	3	QL
SUBLOCADE	3	SP
SUBOXONE	3	
ZIMHI	3	QL
ZUBSOLV	2	

TRANSPLANT MEDICATIONS

Medication	Tier	Notes
ENVARSUS XR	3	SP
LUPKYNIS	3	SP, PA, QL
mycophenolate	1	SP
REZUROCK	3	SP, PA
tacrolimus capsule	1	SP

URINARY TRACT CONDITIONS

Medication	Tier	Notes
ELMIRON	3	
finasteride 5 mg tablet	1	
GEMTESA	3	QL, ST
mirabegron er	1	QL
phenazopyridine 100 mg, 200 mg tablet	1	
potassium citrate er	1	
tamsulosin	1	
VANRAFIA	2	SP, PA, QL

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
ABRYSVO	3	PPACA
ACTHIB	3	PPACA
ADACEL	3	PPACA
AFLURIA	3	PPACA
AREXVY	3	PPACA
BEXSERO	3	PPACA
BOOSTRIX	3	PPACA
CAPVAXIVE	3	PPACA
COMIRNATY	3	PPACA
DAPTACEL	3	PPACA
DENGVAXIA	3	PPACA
ENGERIX-B	3	PPACA
FLUAD	3	PPACA
FLUARIX	3	PPACA
FLUBLOK	3	PPACA
FLUCELVAX	3	PPACA
FLULAVAL	3	PPACA
FLUMIST	3	PPACA
FLUZONE	3	PPACA
GARDASIL 9	3	PPACA

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

Tier 1 – Generics
Tier 2 – Preferred brands
Tier 3 – Non-preferred brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty medication
PPACA – $0 Preventive medication

OC – Optional Coverage

Cigna Healthcare Advantage 3-Tier Prescription Drug List

VACCINES *(cont.)*

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
HEPLISAV-B	3	PPACA
HIBERIX	3	PPACA
INFANRIX	3	PPACA
IPOL	3	PPACA
KINRIX	3	PPACA
MENQUADFI	3	PPACA
MENVEO A-C-Y-W-135-DIP	3	PPACA
M-M-R II VACCINE	3	PPACA
MNEXSPIKE	3	PPACA
MODERNA COVID	3	PPACA
MRESVIA	3	PPACA
NOVAVAX COVID	3	PPACA
NUVAXOVID	3	PPACA
PEDIARIX	3	PPACA
PEDVAXHIB	3	PPACA
PENBRAYA	3	PPACA
PENMENVY MEN A-B-C-W-Y	3	PPACA
PENTACEL	3	PPACA
PFIZER COVID	3	PPACA
PNEUMOVAX 23	3	PPACA
PREHEVBRIO	3	PPACA
PREVNAR 20	3	PPACA
PRIORIX	3	PPACA
PROQUAD	3	PPACA
QUADRACEL DTAP-IPV	3	PPACA
RECOMBIVAX HB	3	PPACA
ROTARIX	3	PPACA

VACCINES *(cont.)*

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

Medication	Tier	Notes
ROTATEQ	3	PPACA
SHINGRIX	3	QL, PPACA
SPIKEVAX	3	PPACA
TDVAX	3	PPACA
TENIVAC	3	PPACA
TRUMENBA	3	PPACA
TWINRIX	3	PPACA
VARIVAX	3	PPACA
VAXELIS	3	PPACA
VAXNEUVANCE	3	PPACA

VITAMINS

Medication	Tier	Notes
CITRANATAL MEDLEY	3	
POLY-VI-FLOR 0.25 MG, 1 MG CHEWABLE TABLET	3	PPACA
POLY-VI-FLOR WITH IRON 0.5-10 MG CHEWABLE TABLET	3	PPACA

WEIGHT MANAGEMENT

Medication	Tier	Notes
CONTRAVE ER	3	PA, OC
FOUNDAYO	2	PA, QL, OC
phentermine	1	PA, OC
QSYMIA	3	PA, OC
SAXENDA	3	PA, OC
WEGOVY, WEGOVY HD	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

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 so it includes safe, effective, and lower-cost options. Changes can happen for many reasons – for example, when new medications become available, others are no longer available, or costs change. These changes may include:

- **Moving a medication to a lower cost tier.** This can happen any time during the year.
- **Moving a brand-name medication to a higher cost tier when a generic becomes available.** This can happen any time during the year.
- **Moving a medication to a higher cost tier or no longer covering it.** This usually happens twice a year – on January I and July I.
- **Adding extra coverage requirements to a medication.** This usually happens twice a year – on January I and July I.

If a change affects your medication – like if it will cost more, won't be covered, or will have a coverage requirement added – we'll let you know before it happens. This gives you time to talk with your doctor about your options and 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 certain high-cost brand-name medications if there's a lower-cost option that treats the same condition. If your doctor doesn't think a different option is right for you, they can ask us to review whether the medication can be covered.

Some medications and products aren't covered for any reason because they're a benefit exclusion. This means they aren't on your drug list and can't be approved through the review process. For example, your plan doesn't cover:

- Prescription medications that treat allergies (like Allegra, Clarinex, Xyzal, and generics) or heartburn and stomach acid problems (like Nexium, Prilosec OTC, and generics)
- Medications used for certain lifestyle conditions, like infertility, erectile dysfunction, or to help you quit smoking[4]
- 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 the right medication at the right cost and in the right amount.

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, it needs approval before it can be covered
- **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 a coverage review.

Your questions, answered. *(cont.)*

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

- May not be safe to take with certain other medications
- Have lower-cost options that work just as well
- Should only be used for certain health conditions
- Are sometimes taken in the wrong way or more often than they should be

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

- Taken in larger amounts or for longer than they should be
- Used more often than recommended or in ways they shouldn't be

Q. What types of 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 effective 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 younger 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 a coverage review – they'll take care of this 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 and let you and your doctor know our decision and next steps. This can take up to five business days. You can check with your doctor's office for updates. If it's easier, log in to the myCigna app or **myCigna.com** to see where your medication is in the review process.

If it isn't approved, your plan won't cover it. You can still fill it without using your plan, but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum.

If we don't get all the information we need, your doctor can send more and ask us to review it again. 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 processes your prescription, they'll see that it needs approval before it can be covered. You can still fill it without using your plan, but you'll pay the full price at the pharmacy. These costs won't count toward your deductible or out-of-pocket maximum.

Instead, ask your doctor's office to contact us to start a coverage review.

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 you need more than what's covered, your doctor's office can ask us to review whether 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 review new medications, supplies, and devices to decide if they should be covered and how they'll be covered. This 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 review whether it can be covered.

Q. What are preventive medications?
A. They help lower your risk of getting certain long-term health conditions and help you stay healthy. These include conditions like asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that weakens bones), prenatal nutrient deficiency (when a pregnant person doesn't get enough nutrients), and stroke.

Q. Which medications are covered under the health care reform law?
A. Under the Patient Protection and Affordable Care Act (PPACA), also known as "health care reform," your plan covers certain preventive medications and over-the-counter (OTC) products at no cost to you – no copay, coinsurance, or 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, select the PPACA No Cost-Share Preventive Drug List.

Q. How can I find out how much my medication will cost?
A. When you and your doctor are choosing a medication, it helps to know what it will cost ahead of time. Log in to the myCigna app or **myCigna.com** and use the Price a Medication tool. You can see your costs at in-network pharmacies and check for lower-cost options.[5]

Q. What's a cost-share?
A. It's the amount you pay out of pocket for a covered prescription or health care 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 about what may work best for you.

Q. What's a generic medication?
A. Generics work the same as brand-name medications and provide the same health benefits – usually at a lower cost.[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 as brand-name medications and provide the same health benefits.[3]

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

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

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

Q. What is a "biosimilar" medication?
A. Biosimilars are medications that are very similar to a medication the FDA has already approved. They have no meaningful differences in safety, how well they work, or how they're given – and they usually cost less.[6]

Your questions, answered. *(cont.)*

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. You'll usually pay less if you use a pharmacy in your network. If you go out of network, you may pay more – or your medication may not be covered at all. Log in to the myCigna app or **myCigna.com** to find pharmacies in your network.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[7]

Home delivery with Express Scripts® Pharmacy

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

With home delivery, you can:

- Order, manage, track, and pay for your medications online or on your phone
- Get standard shipping at no extra cost[8]
- Get up to a 90-day supply at one time
- Talk to a pharmacist 24/7
- Sign up for automatic refills or refill reminders[9]
- Use a payment plan, if needed

Accredo® Specialty Pharmacy

Accredo supports people who take specialty medications for rare or complex conditions. To learn more, go to **Cigna.com/specialty**.

With Accredo, you can:

- Talk to a specially trained pharmacist or nurse 24/7
- Learn how to manage side effects
- Find help paying for your medication, if needed
- Get fast shipping at no extra cost[8]
- Sign up for refills and reminders
- Manage your medications and track orders online

Q. How do I get started using home delivery?
A. You can get started in two ways – choose what works best for you:

1. **Online.** Log in to the myCigna app or **myCigna.com**. Go to Prescriptions, select My Medications, and choose the option to move your prescription to home delivery.
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 information, and medication name(s) ready when you call.

Q. How do I get started using Accredo?
A. Call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST or Saturday, 7:00 am–4:00 pm CST. They'll work with your doctor's office to get your prescription, review your coverage, and set up delivery.

Q. Where can I find more information about my pharmacy benefits?
A. Log in to the myCigna app or **myCigna.com** to learn more about your pharmacy coverage. You can check medication costs, find lower-cost options, see what's covered, find in-network pharmacies, ask a pharmacist questions, and view your claims. You can also manage your home delivery orders.[7]

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.

1. App/online store terms and mobile phone carrier/data charges apply.
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 Drugs: Questions & Answers." Last updated 06/08/26. fda.gov/drugs/generic-drugs/generic-drugs-questions-answers#2.
4. Quit smoking medications aren't usually covered, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.
7. 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.
8. Your plan pays the cost for standard shipping.
9. 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 over the phone. Once you sign up, simply 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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

968436 h Advantage 3-Tier 09/26 © 2026 Cigna Healthcare.