



# Cigna Healthcare Advantage 4-Tier Prescription Drug List

Coverage as of July 1, 2025



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### View your drug list online, 24/7

This document was last updated on 04/01/2025.\*

- You can use the Price a Medication tool on the **myCigna® App**<sup>1</sup> or **myCigna.com**<sup>®</sup> to see the most up-to-date list of the medications your plan covers.
- You can also see a pdf of this document on **Cigna.com/PDL**. Click on the dropdown next to "Drug Lists for Employer Plans." Scroll down until you see **Cigna Advantage Prescription Drug List**; then click on the [4-Tier \(all specialty medications covered on Tier 4\) \[PDF\]](#).

### Questions?

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

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Advantage 4-Tier Prescription Drug List as of July 1, 2025. Medications are listed in alphabetical order (A-Z) by the condition they treat.

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

**Important:** Your plan doesn't cover prescription medications that treat allergies (ex. Allegra®, Clarinex®, Xyzal® and generics) and heartburn/stomach acid conditions (ex. Nexium®, Prilosec OTC® and generics). You can buy them at the store without a prescription.

## How to read this drug list

Use the table below to understand how medications are covered on the Cigna Healthcare Advantage 4-Tier Prescription Drug List.\*

| BLOOD PRESSURE/HEART MEDICATIONS |      |            |                                                                                                                              |
|----------------------------------|------|------------|------------------------------------------------------------------------------------------------------------------------------|
| Medication                       | Tier | Notes      |                                                                                                                              |
| amlodipine                       | 1    |            | Medications are grouped by the <b>condition</b> they treat                                                                   |
| amlodipine-benazepril            | 1    |            |                                                                                                                              |
| amlodipine-olmesartan            | 1    | QL         | Tier (cost-share level) gives you an idea of how much you may pay for a medication                                           |
| amlodipine-valsartan             | 1    |            |                                                                                                                              |
| atenolol                         | 1    |            | Medications are listed in <b>alphabetical</b> order (A-Z) within each column                                                 |
| bisoprolol-hctz                  | 1    |            |                                                                                                                              |
| CALAN SR                         | 3    |            | Specialty medications have <b>SP</b> listed next to them in the Notes column                                                 |
| CAMZYOS                          | 3    | SP, PA, QL |                                                                                                                              |
| cardesartan                      | 1    |            | Brand-name medications are in all <b>CAPITAL</b> letters                                                                     |
| cartia xt                        | 1    |            |                                                                                                                              |
| carvedilol                       | 1    |            | Generic medications are in all <b>lowercase</b> letters                                                                      |
| carvedilol er                    | 1    | QL         |                                                                                                                              |
| CATAPRES-TTS 1                   | 3    |            | Medications that may have extra coverage requirements have <b>letters (acronyms)</b> listed next to them in the Notes column |
| 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 12hr er                | 1    |            |                                                                                                                              |
| diltiazem 24hr er                | 1    |            |                                                                                                                              |
| diltiazem 24hr er (cd)           | 1    |            |                                                                                                                              |
| diltiazem 24hr er (la)           | 1    | QL         |                                                                                                                              |
| diltiazem 24hr er (xr)           | 1    |            |                                                                                                                              |

\*This table is just an example. It may not show how these medications are currently covered on this 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

We put covered medications into tiers (or cost-share levels). Usually, the higher the tier, the higher the price you'll pay for the medication.

|               |                                                                                                                                                                                                                                  |          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Tier 1</b> | <b>Generics.</b> These medications are covered at your plan's lowest cost-share. A generic works in the same way and provides the same clinical benefits as the brand-name medication – and usually cost much less. <sup>3</sup> | \$       |
| <b>Tier 2</b> | <b>Preferred Brands.</b> These medications usually have one or more lower-cost generic that treats the same condition.                                                                                                           | \$\$     |
| <b>Tier 3</b> | <b>Non-Preferred Brands.</b> These medications are covered at your plan's highest cost-share. Non-preferred brands usually have a generic and/or preferred brand alternative(s) that treats the same condition.                  | \$\$\$   |
| <b>Tier 4</b> | <b>Specialty.</b> These medications are covered at your plan's highest cost-share. This tier includes both injectable and oral (those you take by mouth) specialty medications.                                                  | \$\$\$\$ |

## 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.

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PA</b>  | <b>Prior Authorization*</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements.                                                                                                                                                                                                  |
| <b>QL</b>  | <b>Quantity Limit*</b> – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.                                                                                                                                                                                                                             |
| <b>ST</b>  | <b>Step Therapy*</b> – This is a high-cost medication that has a lower-cost alternative(s) that treats the same condition. Your plan won't cover it until you try at least one preferred medication first (usually a generic or preferred brand) and can show that it didn't work for you. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication. |
| <b>AGE</b> | <b>Age Requirement*</b> – 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 use the medication, your doctor's office can ask us to cover it.                                                                                                                                                              |
| <b>SP</b>  | This is a <b>specialty medication</b> , which is used to treat a rare and/or complex medical condition. Some plans may only cover up to a 30-day supply and/or require you to fill it at a preferred specialty pharmacy.                                                                                                                                                                                                         |

\* Not all plans have extra coverage requirements on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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

|              |                                                                                                                                                                                                                                             |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PPACA</b> | Health care reform under the <b>Patient Protection and Affordable Care Act (PPACA)</b> requires plans to cover the full cost of this preventive medication or product. This means it costs you \$0 – you won't pay a cost-share to fill it. |
| <b>OC</b>    | Plans can choose to cover certain medications, products and/or drug classes that aren't usually covered. If a medication has <b>OC</b> next to it, log in to the myCigna App or <b>myCigna.com</b> to see if your plan covers it.           |

## How to find your medication

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

| Condition                                | Page   | Condition                            | Page   |
|------------------------------------------|--------|--------------------------------------|--------|
| AIDS/HIV                                 | 6      | GASTROINTESTINAL/HEARTBURN           | 17, 18 |
| ALLERGY/NASAL SPRAYS                     | 6      | HORMONAL AGENTS                      | 18, 19 |
| ALZHEIMER'S DISEASE                      | 6      | INFECTIONS                           | 19, 20 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER      | 6, 7   | INFERTILITY                          | 20     |
| ASTHMA/COPD/RESPIRATORY                  | 7, 8   | MISCELLANEOUS                        | 20, 21 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 8      | MULTIPLE SCLEROSIS                   | 21     |
| BLOOD MODIFIERS/BLEEDING DISORDERS       | 8, 9   | NUTRITIONAL/DIETARY                  | 21, 22 |
| BLOOD PRESSURE/HEART MEDICATIONS         | 9      | OSTEOPOROSIS PRODUCTS                | 22     |
| BLOOD THINNERS/ANTI-CLOTTING             | 10     | PAIN RELIEF AND INFLAMMATORY DISEASE | 22-24  |
| CANCER                                   | 10, 11 | PARKINSON'S DISEASE                  | 24     |
| CHOLESTEROL MEDICATIONS                  | 11     | SCHIZOPHRENIA/ANTI-PSYCHOTICS        | 24, 25 |
| CONTRACEPTION PRODUCTS                   | 12-14  | SEIZURE DISORDERS                    | 25     |
| COUGH/COLD MEDICATIONS                   | 14     | SKIN CONDITIONS                      | 25, 26 |
| DENTAL PRODUCTS                          | 14     | SLEEP DISORDERS/SEDATIVES            | 26     |
| DIABETES                                 | 14-16  | SUBSTANCE ABUSE                      | 26     |
| DIURETICS                                | 16     | TRANSPLANT MEDICATIONS               | 26     |
| EAR MEDICATIONS                          | 16     | URINARY TRACT CONDITIONS             | 27     |
| EYE CONDITIONS                           | 16, 17 | VACCINES                             | 27, 28 |
| FEMININE PRODUCTS                        | 17     | VITAMINS                             | 28     |

## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| AIDS/HIV                                                 |      |               |
|----------------------------------------------------------|------|---------------|
| Medication                                               | Tier | Notes         |
| APRETUDE                                                 | 4    | SP, PA, PPACA |
| BIKTARVY                                                 | 4    | SP, QL        |
| CABENUVA                                                 | 4    | SP, PA        |
| CIMDUO                                                   | 4    | SP, PA        |
| COMPLERA                                                 | 4    | SP, PA, QL    |
| darunavir                                                | 4    | SP            |
| DESCOVY 120-15 MG TABLET                                 | 4    | SP            |
| DESCOVY 200-25 MG TABLET                                 | 4    | SP, PPACA     |
| DOVATO                                                   | 4    | SP, QL        |
| efavirenz-emtricitabine-tenofovir                        | 4    | SP, QL        |
| emtricitabine-tenofovir 200 mg-300 mg tablet             | 4    | SP, PPACA     |
| GENVOYA                                                  | 4    | SP, QL        |
| ISENTRESS HD                                             | 4    | SP, PA        |
| JULUCA                                                   | 4    | SP, QL        |
| ODEFSEY                                                  | 4    | SP, PA, QL    |
| PIFELTRO                                                 | 4    | SP, PA        |
| PREZCOBIX                                                | 4    | SP, PA        |
| PREZISTA 100 MG/ML ORAL SUSPENSION, 75 MG, 150 MG TABLET | 4    | SP            |
| ritonavir                                                | 4    | SP            |
| RUKOBIA                                                  | 4    | SP, PA, QL    |
| STRIBILD                                                 | 4    | SP, PA, QL    |
| SYMTUZA                                                  | 4    | SP, QL        |
| tenofovir                                                | 4    | SP, PA        |
| TIVICAY                                                  | 4    | SP            |
| TRIUMEQ                                                  | 4    | SP, QL        |
| TRIUMEQ PD                                               | 4    | SP, QL        |
| ALLERGY/NASAL SPRAYS                                     |      |               |
| Medication                                               | Tier | Notes         |
| azelastine 0.1% (137 mcg) spray                          | 1    |               |
| azelastine-fluticasone                                   | 1    |               |
| cromolyn oral concentrate                                | 1    |               |
| desloratadine                                            | 1    | QL, OC        |

| ALLERGY/NASAL SPRAYS (cont.)                                                              |      |        |
|-------------------------------------------------------------------------------------------|------|--------|
| Medication                                                                                | Tier | Notes  |
| 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 oral solution, syrup, tablet                                                  | 1    |        |
| hydroxyzine pamoate capsule                                                               | 1    |        |
| ipratropium spray                                                                         | 1    |        |
| levocetirizine                                                                            | 1    | OC     |
| mometasone spray                                                                          | 1    | QL, OC |
| ODACTRA                                                                                   | 3    | PA, QL |
| olopatadine spray                                                                         | 1    |        |
| ORALAIR                                                                                   | 3    | PA, QL |
| promethazine ampule, syrup, tablet, vial                                                  | 1    |        |
| RAGWITEK                                                                                  | 3    | PA, QL |
| ALZHEIMER'S DISEASE                                                                       |      |        |
| Medication                                                                                | Tier | Notes  |
| ADLARITY                                                                                  | 2    | PA, QL |
| donepezil                                                                                 | 1    |        |
| memantine                                                                                 | 1    |        |
| memantine er                                                                              | 1    | QL     |
| NAMENDA                                                                                   | 3    |        |
| NAMZARIC                                                                                  | 3    | QL     |
| pyridostigmine oral solution; 60 mg tablet                                                | 1    |        |
| pyridostigmine er                                                                         | 1    |        |
| rivastigmine                                                                              | 1    |        |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER <sup>2</sup>                                          |      |        |
| Medication                                                                                | Tier | Notes  |
| alprazolam                                                                                | 1    |        |
| amitriptyline                                                                             | 1    |        |
| bupropion sr                                                                              | 1    | QL     |
| bupropion xl 150 mg, 300 mg tablet                                                        | 1    | QL     |

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 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>2</sup> (cont.)

| Medication                                                    | Tier | Notes      |
|---------------------------------------------------------------|------|------------|
| buspirone                                                     | 1    |            |
| citalopram oral solution, tablet                              | 1    | QL         |
| clomipramine                                                  | 1    |            |
| desvenlafaxine succinate er                                   | 1    | QL         |
| duloxetine                                                    | 1    | QL         |
| EMSAM                                                         | 3    | QL         |
| escitalopram                                                  | 1    | QL         |
| FETZIMA                                                       | 3    | QL, ST     |
| fluoxetine                                                    | 1    | QL         |
| fluvoxamine                                                   | 1    | QL         |
| fluvoxamine er                                                | 1    | QL         |
| lorazepam oral concentrate, tablet                            | 1    |            |
| mirtazapine                                                   | 1    |            |
| NUPLAZID                                                      | 4    | SP, PA     |
| paroxetine oral suspension, tablet                            | 1    | QL         |
| paroxetine er                                                 | 1    | QL         |
| sertraline oral concentrate, tablet                           | 1    | QL         |
| trazodone                                                     | 1    |            |
| TRINTELLIX                                                    | 2    | QL         |
| venlafaxine er capsule; 37.5 mg, 75 mg, 150 mg, 225 mg tablet | 1    | QL         |
| vilazodone                                                    | 1    | QL         |
| ZURZUVAE                                                      | 4    | SP, PA, QL |

### ASTHMA/COPD/RESPIRATORY

| Medication                   | Tier | Notes      |
|------------------------------|------|------------|
| ADEMPAS                      | 4    | SP, PA     |
| AIRSUPRA                     | 2    | QL         |
| albuterol                    | 1    |            |
| albuterol hfa 90 mcg inhaler | 1    | QL         |
| ALVESCO                      | 2    |            |
| ALYFTREK                     | 4    | SP, PA, QL |
| ambrisentan                  | 4    | SP, PA     |

### ASTHMA/COPD/RESPIRATORY (cont.)

| Medication                       | Tier | Notes      |
|----------------------------------|------|------------|
| ANORO ELLIPTA                    | 2    | QL         |
| ASMANEX                          | 2    | QL         |
| ASMANEX HFA                      | 2    | QL         |
| ATROVENT HFA                     | 2    | QL         |
| breyna                           | 1    | QL         |
| BREZTRI AEROSPHERE               | 2    | QL         |
| budesonide inhalation suspension | 1    | QL         |
| budesonide-formoterol            | 1    | QL         |
| COMBIVENT RESPIMAT               | 2    | QL         |
| DULERA                           | 2    | QL         |
| FASENRA                          | 4    | SP, PA     |
| GLASSIA                          | 4    | SP, PA     |
| INCRUSE ELLIPTA                  | 2    |            |
| KALYDECO                         | 4    | SP, PA, QL |
| montelukast                      | 1    |            |
| NUCALA AUTO-INJECTOR, SYRINGE    | 4    | SP, PA     |
| OFEV                             | 4    | SP, PA     |
| OPSUMIT                          | 4    | SP, PA     |
| OPSYNVI                          | 4    | SP, PA, QL |
| ORENITRAM ER                     | 4    | SP, PA     |
| ORENITRAM TITRATION KIT          | 4    | SP, PA, QL |
| PROLASTIN C                      | 4    | SP, PA     |
| PULMOZYME                        | 4    | SP, PA     |
| QVAR REDIHALER                   | 2    |            |
| SPIRIVA RESPIMAT                 | 2    | QL         |
| STIOLTO RESPIMAT                 | 2    | QL         |
| STRIVERDI RESPIMAT               | 2    | QL         |
| SYMDEKO                          | 4    | SP, PA, QL |
| tadalafil 20 mg tablet           | 4    | SP, PA     |
| TEZSPIRE PEN, SYRINGE            | 4    | SP, PA, QL |
| TRELEGY ELLIPTA                  | 2    | QL         |
| treprostinil                     | 4    | SP, PA     |

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 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

### ASTHMA/COPD/RESPIRATORY (cont.)

| Medication                     | Tier | Notes      |
|--------------------------------|------|------------|
| TRIKAFTA                       | 4    | SP, PA, QL |
| TYVASO DPI                     | 4    | SP, PA     |
| TYVASO                         | 4    | SP, PA     |
| UPTRAVI TABLET, TITRATION PACK | 4    | SP, PA     |
| UPTRAVI VIAL                   | 4    | SP, PA     |
| VIJOICE                        | 4    | SP, PA, QL |
| wixela inhub                   | 1    | QL         |
| XOLAIR                         | 4    | SP, PA     |

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>2</sup>

| Medication                                                                         | Tier | Notes  |
|------------------------------------------------------------------------------------|------|--------|
| ADDERALL                                                                           | 3    | PA, ST |
| atomoxetine                                                                        | 1    | QL     |
| DAYTRANA                                                                           | 3    | PA, QL |
| dexmethylphenidate er                                                              | 1    | PA, QL |
| dextroamphetamine-amphetamine                                                      | 1    | PA     |
| dextroamphetamine-amphetamine er                                                   | 1    | PA, QL |
| guanfacine er                                                                      | 1    |        |
| lisdexamfetamine                                                                   | 1    | PA, QL |
| methylphenidate chewable tablet, oral solution, tablet                             | 1    | PA     |
| methylphenidate er (cd)                                                            | 1    | PA, QL |
| methylphenidate er (la)                                                            | 1    | PA, QL |
| 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     | 4    | SP, PA |
| ADYNOVATE  | 4    | SP, PA |
| AFSTYLA    | 4    | SP, PA |

### BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

| Medication                             | Tier | Notes      |
|----------------------------------------|------|------------|
| ALTUVIIIO                              | 4    | SP, PA     |
| aminocaproic acid                      | 4    | SP         |
| ARANESP                                | 4    | SP, PA     |
| DOPTelet                               | 4    | SP, PA     |
| DROXIA                                 | 2    |            |
| ELOCTATE                               | 4    | SP, PA     |
| EMPAVELI                               | 4    | SP, PA     |
| ESPEROCT                               | 4    | SP, PA     |
| FABHALTA                               | 4    | SP, PA, QL |
| FULPHILA                               | 4    | SP, PA     |
| GRANIX                                 | 4    | SP, PA     |
| HEMLIBRA                               | 4    | SP, PA     |
| JIVI                                   | 4    | SP, PA     |
| KOGENATE FS                            | 4    | SP, PA     |
| KOVALTRY                               | 4    | SP, PA     |
| NEULASTA                               | 4    | SP, PA     |
| NEULASTA ONPRO                         | 4    | SP, PA     |
| NEUPOGEN                               | 4    | SP, PA     |
| NIVESTYM                               | 4    | SP         |
| NOVOEIGHT                              | 4    | SP, PA     |
| NYVEPRIA                               | 4    | SP, PA     |
| PROCRIT                                | 4    | SP, PA     |
| PROMACTA                               | 4    | SP, PA     |
| RETACRIT                               | 4    | SP, PA     |
| SOLIRIS                                | 4    | SP, PA     |
| STIMUFEND                              | 4    | SP, PA     |
| TAVALISSE                              | 4    | SP, PA     |
| TAVNEOS                                | 4    | SP, PA, QL |
| tranexamic acid                        | 4    | SP         |
| UDENYCA ONBODY, AUTO-INJECTOR, SYRINGE | 4    | SP, PA     |
| ULTOMIRIS                              | 4    | SP, PA     |
| VOYDEYA                                | 4    | SP, PA, QL |

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

### BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

| Medication      | Tier | Notes  |
|-----------------|------|--------|
| WILATE          | 4    | SP, PA |
| XYNTHA          | 4    | SP, PA |
| XYNTHA SOLOFUSE | 4    | SP, PA |
| ZARXIO          | 4    | SP     |

### BLOOD PRESSURE/HEART MEDICATIONS

| Medication                                                                  | Tier | Notes      |
|-----------------------------------------------------------------------------|------|------------|
| amlodipine                                                                  | 1    |            |
| amlodipine-benazepril                                                       | 1    |            |
| amlodipine-olmesartan                                                       | 1    | QL         |
| amlodipine-valsartan                                                        | 1    |            |
| amlodipine-valsartan-hctz                                                   | 1    |            |
| atenolol                                                                    | 1    |            |
| bisoprolol                                                                  | 1    |            |
| bisoprolol-hctz                                                             | 1    |            |
| CAMZYOS                                                                     | 4    | SP, PA, QL |
| candesartan                                                                 | 1    |            |
| carvedilol                                                                  | 1    |            |
| carvedilol er                                                               | 1    | QL         |
| clonidine patch, tablet                                                     | 1    |            |
| CORLANOR ORAL SOLUTION                                                      | 4    | SP, PA     |
| CORLANOR TABLET                                                             | 2    | PA         |
| diltiazem 24hr er (cd)                                                      | 1    |            |
| dofetilide                                                                  | 1    | QL         |
| droxidopa                                                                   | 4    | SP         |
| enalapril                                                                   | 1    |            |
| ENTRESTO                                                                    | 2    | QL         |
| ENTRESTO SPRINKLE                                                           | 2    |            |
| flecainide                                                                  | 1    |            |
| guanfacine                                                                  | 1    |            |
| hydralazine                                                                 | 1    |            |
| irbesartan                                                                  | 1    |            |
| labetalol carpuject; 20 mg/4ml syringe; 100 mg, 200 mg, 300 mg tablet; vial | 1    |            |

### BLOOD PRESSURE/HEART MEDICATIONS (cont.)

| Medication                 | Tier | Notes      |
|----------------------------|------|------------|
| lisinopril                 | 1    |            |
| lisinopril-hctz            | 1    |            |
| losartan                   | 1    |            |
| losartan-hctz              | 1    |            |
| metoprolol er              | 1    |            |
| metoprolol                 | 1    |            |
| metyrosine                 | 1    | PA         |
| midodrine                  | 1    |            |
| minoxidil tablet           | 1    |            |
| MULTAQ                     | 2    |            |
| nadolol                    | 1    |            |
| nebivolol                  | 1    | QL         |
| nifedipine er              | 1    |            |
| NITROSTAT                  | 3    |            |
| NORLIQVA                   | 2    | PA, QL     |
| olmesartan                 | 1    | QL         |
| olmesartan-amlodipine-hctz | 1    |            |
| olmesartan-hctz            | 1    | QL         |
| ORLADEYO                   | 4    | SP, PA, QL |
| prazosin                   | 1    |            |
| propranolol er             | 1    |            |
| propranolol                | 1    |            |
| ranolazine er              | 1    | QL         |
| sajazir                    | 4    | SP, PA     |
| TAKHZYRO                   | 4    | SP, PA     |
| telmisartan                | 1    | QL         |
| telmisartan-hctz           | 1    | QL         |
| valsartan                  | 1    |            |
| valsartan-hctz             | 1    |            |
| verapamil sr               | 1    |            |
| VERQUVO                    | 2    | PA, QL     |

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

| BLOOD THINNERS/ANTI-CLOTTING |      |        |
|------------------------------|------|--------|
| Medication                   | Tier | Notes  |
| BRILINTA                     | 2    |        |
| clopidogrel                  | 1    |        |
| dabigatran                   | 1    |        |
| ELIQUIS                      | 2    |        |
| enoxaparin                   | 4    | SP, QL |
| fondaparinux                 | 4    | SP, QL |
| FRAGMIN                      | 4    | SP, QL |
| prasugrel                    | 1    |        |
| warfarin                     | 1    |        |
| XARELTO                      | 2    |        |
| ZONTIVITY                    | 3    |        |

| CANCER       |      |            |
|--------------|------|------------|
| Medication   | Tier | Notes      |
| abirtega     | 4    | SP, PA     |
| AKEEGA       | 4    | SP, PA, QL |
| ALECENSA     | 4    | SP, PA, QL |
| anastrozole  | 1    | PPACA      |
| AYVAKIT      | 4    | SP, PA, QL |
| BOSULIF      | 4    | SP, PA, QL |
| BRUKINSA     | 4    | SP, PA, QL |
| CABOMETYX    | 4    | SP, PA     |
| CALQUENCE    | 4    | SP, PA     |
| capecitabine | 4    | SP, PA     |
| COMETRIQ     | 4    | SP, PA, QL |
| COTELLIC     | 4    | SP, PA     |
| ELIGARD      | 4    | SP         |
| ERIVEDGE     | 4    | SP, PA     |
| ERLEADA      | 4    | SP, PA     |
| exemestane   | 1    | PPACA      |
| GAVRETO      | 4    | SP, PA, QL |
| GLEOSTINE    | 2    |            |
| HERCESSI     | 4    | SP, PA     |
| hydroxyurea  | 1    |            |

| CANCER (cont.) |      |            |
|----------------|------|------------|
| Medication     | Tier | Notes      |
| IBRANCE        | 4    | SP, PA, QL |
| imatinib       | 4    | SP, QL     |
| IMBRUVICA      | 4    | SP, PA, QL |
| INLYTA         | 4    | SP, PA     |
| JAKAFI         | 4    | SP, PA, QL |
| JYLAMVO        | 3    |            |
| KANJINTI       | 4    | SP, PA     |
| KISQALI        | 4    | SP, PA, QL |
| KOSELUGO       | 4    | SP, PA, QL |
| lenalidomide   | 4    | SP, PA, QL |
| LENVIMA        | 4    | SP, PA     |
| letrozole      | 1    |            |
| leucovorin     | 1    |            |
| LONSURF        | 4    | SP, PA     |
| LORBRENA       | 4    | SP, PA, QL |
| LUMAKRAS       | 4    | SP, PA, QL |
| LYNPARZA       | 4    | SP, PA, QL |
| MEKINIST       | 4    | SP, PA, QL |
| mercaptopurine | 1    |            |
| methotrexate   | 1    |            |
| MVASI          | 4    | SP, PA     |
| NERLYNX        | 4    | SP, PA     |
| NINLARO        | 4    | SP, PA, QL |
| NUBEQA         | 4    | SP, PA     |
| ODOMZO         | 4    | SP, PA     |
| OGIVRI         | 4    | SP, PA     |
| OGSIVEO        | 4    | SP, PA, QL |
| ONTRUZANT      | 4    | SP, PA     |
| ORGOVYX        | 4    | SP, PA     |
| ORSERDU        | 4    | SP, PA, QL |
| PHESGO         | 4    | SP, PA     |
| PIQRAY         | 4    | SP, PA     |
| POMALYST       | 4    | SP, PA, QL |

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Tier 1 – Generics

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Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

| CANCER (cont.)                  |      |            |
|---------------------------------|------|------------|
| Medication                      | Tier | Notes      |
| PURIXAN                         | 4    | SP         |
| RETEVMO                         | 4    | SP, PA, QL |
| REVLIMID                        | 4    | SP, PA, QL |
| RIABNI                          | 4    | SP, PA     |
| ROZLYTREK                       | 4    | SP, PA     |
| RUBRACA                         | 4    | SP, PA, QL |
| RUXIENCE                        | 4    | SP, PA     |
| RYDAPT                          | 4    | SP, PA     |
| SCEMBLIX                        | 4    | SP, PA, QL |
| STIVARGA                        | 4    | SP, PA, QL |
| sunitinib                       | 4    | SP, PA, QL |
| TABRECTA                        | 4    | SP, PA, QL |
| TAFINLAR                        | 4    | SP, PA, QL |
| TAGRISSO                        | 4    | SP, PA     |
| TALZENNA                        | 4    | SP, PA, QL |
| tamoxifen                       | 1    | PPACA      |
| TASIGNA                         | 4    | SP, PA, QL |
| temozolomide                    | 4    | SP, PA     |
| TIBSOVO                         | 4    | SP, PA     |
| torpenz                         | 4    | SP, PA, QL |
| TRAZIMERA                       | 4    | SP, PA     |
| TREXALL                         | 2    |            |
| TRUQAP                          | 4    | SP, PA, QL |
| TUKYSA                          | 4    | SP, PA     |
| VENCLEXTA STARTING PACK, TABLET | 4    | SP, PA     |
| VERZENIO                        | 4    | SP, PA, QL |
| VITRAKVI                        | 4    | SP, PA     |
| VIZIMPRO                        | 4    | SP, PA     |
| WELIREG                         | 4    | SP, PA, QL |
| XALKORI                         | 4    | SP, PA, QL |
| XATMEP                          | 3    |            |
| XOSPATA                         | 4    | SP, PA     |
| XTANDI                          | 4    | SP, PA     |

| CANCER (cont.)                                                                  |      |            |
|---------------------------------------------------------------------------------|------|------------|
| Medication                                                                      | Tier | Notes      |
| ZEJULA                                                                          | 4    | SP, PA, QL |
| ZELBORAF                                                                        | 4    | SP, PA     |
| ZIRABEV                                                                         | 4    | SP, PA     |
| CHOLESTEROL MEDICATIONS                                                         |      |            |
| Medication                                                                      | Tier | Notes      |
| atorvastatin 10 mg, 20 mg tablet                                                | 1    | PPACA      |
| atorvastatin 40 mg, 80 mg tablet                                                | 1    |            |
| CADUET                                                                          | 3    | QL         |
| colesevelam                                                                     | 1    |            |
| DOJOLVI                                                                         | 4    | SP, PA     |
| ezetimibe                                                                       | 1    |            |
| fenofibrate 43 mg, 50 mg, 67 mg, 130 mg, 134 mg, 150 mg, 200 mg capsule; tablet | 1    |            |
| fluvastatin                                                                     | 1    | PPACA      |
| fluvastatin er                                                                  | 1    | PPACA      |
| icosapent ethyl                                                                 | 1    |            |
| LIPOFEN                                                                         | 3    | ST         |
| lovastatin 10 mg tablet                                                         | 1    |            |
| lovastatin 20 mg, 40 mg, tablet                                                 | 1    | PPACA      |
| omega-3 acid ethyl esters                                                       | 1    |            |
| pitavastatin                                                                    | 1    | QL, PPACA  |
| pravastatin                                                                     | 1    | PPACA      |
| REPATHA PUSHTRONEX, SURECLICK, SYRINGE                                          | 2    | PA         |
| 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         |
| simvastatin 10 mg, 20 mg, 40 mg tablet                                          | 1    | QL, PPACA  |
| TRICOR                                                                          | 3    | ST         |
| VASCEPA                                                                         | 2    | PA         |

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Tier 4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| 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 |
| aviane                        | 1    | PPACA |
| ayuna                         | 1    | PPACA |
| azurette                      | 1    | PPACA |
| balziva                       | 1    | PPACA |
| blisovi fe                    | 1    | PPACA |
| briellyn                      | 1    | PPACA |
| camila                        | 1    | PPACA |
| camrese                       | 1    | PPACA |
| camrese lo                    | 1    | PPACA |
| CAYA CONTOURED                | 3    | 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 104 SYRINGE | 3    | PPACA |

| CONTRACEPTION PRODUCTS (cont.)                  |      |       |
|-------------------------------------------------|------|-------|
| Medication                                      | Tier | Notes |
| 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 |
| FEMCAP                                          | 3    | PPACA |
| finzala                                         | 1    | PPACA |
| gemmily                                         | 1    | PPACA |
| hailey                                          | 1    | PPACA |
| hailey fe                                       | 1    | PPACA |
| haloette                                        | 1    | PPACA |
| heather                                         | 1    | PPACA |
| iclevia                                         | 1    | PPACA |
| incassia                                        | 1    | PPACA |
| isibloom                                        | 1    | PPACA |
| jaimiess                                        | 1    | PPACA |
| jasmiel                                         | 1    | PPACA |
| jencycla                                        | 1    | PPACA |
| jolessa                                         | 1    | PPACA |

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Tier 4 – Specialty Medications

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| CONTRACEPTION PRODUCTS (cont.)                     |      |           |
|----------------------------------------------------|------|-----------|
| Medication                                         | Tier | Notes     |
| 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     |
| kelnor 1-50                                        | 1    | PPACA     |
| kurvelo                                            | 1    | PPACA     |
| KYLEENA                                            | 4    | SP, PPACA |
| larin                                              | 1    | PPACA     |
| larin fe                                           | 1    | PPACA     |
| layolis fe                                         | 3    | 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     |
| levora-28                                          | 1    | PPACA     |
| LILETTA                                            | 4    | SP, PPACA |
| lojaimiess                                         | 1    | PPACA     |
| loryna                                             | 1    | PPACA     |
| low-ogestrel                                       | 1    | PPACA     |
| lo-zumandimine                                     | 1    | PPACA     |
| luteru                                             | 1    | PPACA     |
| lyleq                                              | 1    | PPACA     |
| lyza                                               | 1    | PPACA     |
| marlissa                                           | 1    | PPACA     |
| medroxyprogesterone 150 mg/ml syringe, vial        | 1    | PPACA     |

| CONTRACEPTION PRODUCTS (cont.)                                     |      |           |
|--------------------------------------------------------------------|------|-----------|
| Medication                                                         | Tier | Notes     |
| merzee                                                             | 1    | PPACA     |
| mibelas 24 fe                                                      | 1    | PPACA     |
| microgestin                                                        | 1    | PPACA     |
| microgestin fe                                                     | 1    | PPACA     |
| mili                                                               | 1    | PPACA     |
| minzoya                                                            | 1    | PPACA     |
| MIRENA                                                             | 4    | SP, PPACA |
| mono-lynyah                                                        | 1    | PPACA     |
| necon                                                              | 1    | PPACA     |
| NEXPLANON                                                          | 4    | 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     |
| ocella                                                             | 1    | PPACA     |
| PARAGARD T 380-A                                                   | 4    | SP, PPACA |
| philith                                                            | 1    | PPACA     |
| pimtrea                                                            | 1    | PPACA     |
| portia                                                             | 1    | PPACA     |
| reclipsen                                                          | 1    | PPACA     |
| rivelsa                                                            | 1    | PPACA     |
| setlakin                                                           | 1    | PPACA     |
| sharobel                                                           | 1    | PPACA     |
| simliya                                                            | 1    | PPACA     |
| simpesse                                                           | 1    | PPACA     |
| SKYLA                                                              | 4    | SP, PPACA |
| sprintec                                                           | 1    | PPACA     |

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Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

| CONTRACEPTION PRODUCTS (cont.) |      |       |
|--------------------------------|------|-------|
| Medication                     | Tier | Notes |
| sronyx                         | 1    | PPACA |
| syeda                          | 1    | PPACA |
| tarina fe                      | 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-sprintec                   | 1    | PPACA |
| trivora-28                     | 1    | PPACA |
| tri-vylibra                    | 1    | PPACA |
| tri-vylibra lo                 | 1    | PPACA |
| tulana                         | 1    | PPACA |
| turqoz                         | 1    | PPACA |
| valtya                         | 1    | PPACA |
| velivet                        | 1    | PPACA |
| vestura                        | 1    | PPACA |
| vienva                         | 1    | PPACA |
| viorele                        | 1    | PPACA |
| volnea                         | 1    | PPACA |
| vyfemla                        | 1    | PPACA |
| vylibra                        | 1    | PPACA |
| wera                           | 1    | PPACA |
| WIDE SEAL DIAPHRAGM            | 3    | PPACA |
| wymzya fe                      | 1    | PPACA |
| xarah 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    |        |
| promethazine-dm                      | 1    |        |
| DENTAL PRODUCTS                      |      |        |
| Medication                           | Tier | Notes  |
| doxycycline hyclate 20 mg tablet     | 1    |        |
| FLORIVA 0.25 MG/ML DROPS             | 3    | PPACA  |
| periogard                            | 1    |        |
| PREVIDENT 5000 SENSITIVE             | 3    |        |
| PREVIDENT KIDS                       | 3    |        |
| sodium fluoride 5000 dry mouth       | 1    |        |
| triamcinolone 0.1% paste             | 1    |        |
| DIABETES                             |      |        |
| Medication                           | Tier | Notes  |
| ACCU-CHEK CONTROL SOLUTION           | 1    |        |
| ACCU-CHEK FASTCLIX LANCING DEVICE    | 1    |        |
| ACCU-CHEK GUIDE 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     |
| BD INSULIN PEN NEEDLE, SYRINGE       | 1    |        |
| BD NANO PEN NEEDLE                   | 1    |        |
| BD ULTRA-FINE PEN NEEDLE             | 1    |        |
| BYDUREON BCISE                       | 2    | PA, QL |
| CEQUR SIMPLICITY                     | 2    |        |
| CEQUR SIMPLICITY INSERTER            | 2    |        |
| CONTOUR METER                        | 3    |        |
| CONTOUR NEXT METER                   | 3    |        |

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AGE – Age Requirement

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| DIABETES (cont.)                      |      |        |
|---------------------------------------|------|--------|
| Medication                            | Tier | Notes  |
| CONTOUR NEXT EZ METER, METER SYSTEM   | 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 RECEIVER, SENSOR            | 2    | PA, QL |
| DROPLET GENTEEL LANCING DEVICE        | 1    |        |
| FARXIGA                               | 2    | QL, ST |
| FREESTYLE FREEDOM LITE                | 3    |        |
| FREESTYLE INSULINX GLUCOSE SYSTEM     | 3    |        |
| FREESTYLE LIBRE 2 READER, SENSOR      | 2    | PA, QL |
| FREESTYLE LIBRE 2 PLUS SENSOR         | 2    | PA, QL |
| FREESTYLE LIBRE 3 READER, SENSOR      | 2    | PA, QL |
| FREESTYLE LIBRE 3 PLUS SENSOR         | 2    | PA, QL |
| FREESTYLE LIBRE 14 DAY READER, SENSOR | 2    | PA, QL |
| FREESTYLE LITE METER                  | 3    |        |
| glimepiride 1 mg, 2 mg, 4 mg tablet   | 1    |        |
| glipizide 5 mg, 10 mg tablet          | 1    |        |
| glipizide xl                          | 1    |        |
| GLUCAGON EMERGENCY KIT                | 3    | QL     |
| GLUCOCARD EXPRESSION METER, METER KIT | 3    |        |
| GLUCOCARD SHINE CONNEX METER          | 3    |        |
| GLUCOCARD SHINE EXPRESS METER         | 3    |        |
| GLUCOCARD SHINE METER, METER KIT      | 3    |        |
| GLUCOCARD SHINE XL METER              | 3    |        |
| GLUCOCARD VITAL METER KIT             | 3    |        |
| GLYXAMBI                              | 2    | QL, ST |
| HUMALOG                               | 2    | QL     |

| DIABETES (cont.)                                                |      |        |
|-----------------------------------------------------------------|------|--------|
| Medication                                                      | Tier | Notes  |
| HUMULIN N, HUMULIN R, HUMULIN 70/30                             | 2    | QL     |
| INPEN (FOR HUMALOG, NOVOLOG OR FIASP)                           | 1    |        |
| INSULIN LISPRO                                                  | 2    | QL     |
| JANUMET                                                         | 2    | QL, ST |
| JANUMET XR                                                      | 2    | QL, ST |
| JANUVIA                                                         | 2    | QL, ST |
| JARDIANCE                                                       | 2    | QL, ST |
| LYUMJEV                                                         | 2    | QL     |
| metformin oral solution; 500 mg, 750 mg, 850 mg, 1000 mg tablet | 1    |        |
| metformin er 500 mg, 750 mg tablet                              | 1    |        |
| MICROLET 2                                                      | 1    |        |
| MICROLET NEXT LANCING DEVICE                                    | 1    |        |
| MOUNJARO                                                        | 2    | PA, QL |
| OMNIPOD 5 G6-LIBRE 2 PLUS                                       | 2    | QL     |
| OMNIPOD 5 G6-G7 INTRO KIT, PODS (GEN 5)                         | 2    | QL     |
| OMNIPOD 5 INTRO (G6-LIBRE 2 PLUS)                               | 2    | QL     |
| OMNIPOD DASH INTRO KIT, PODS (GEN 4)                            | 2    | QL     |
| ONETOUCH ULTRA TEST STRIP                                       | 2    |        |
| ONETOUCH VERIO FLEX METER                                       | 2    |        |
| ONETOUCH VERIO REFLECT METER                                    | 2    |        |
| ONETOUCH VERIO TEST STRIP                                       | 2    |        |
| OZEMPIC                                                         | 2    | PA, QL |
| PARADIGM RESERVOIR 1.8 ML                                       | 1    |        |
| PARADIGM RESERVOIR 3 ML                                         | 3    |        |
| pioglitazone                                                    | 1    |        |
| PRECISION XTRA KETONE-GLUCOSE KIT, MONITOR, MONITOR NFRS        | 3    |        |
| REZVOGLAR                                                       | 2    | QL     |
| RYBELSUS                                                        | 2    | PA, QL |

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Tier 1 – Generics

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Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

| DIABETES (cont.)                      |      |        |
|---------------------------------------|------|--------|
| Medication                            | Tier | Notes  |
| saxagliptin                           | 1    | 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         | 3    |        |
| TRUE METRIX BLOOD GLUCOSE METER       | 3    |        |
| TRULICITY                             | 2    | PA, QL |
| TWIST REFILL, REFILL KIT, STARTER KIT | 2    | QL     |
| V-GO                                  | 2    |        |
| XIGDUO XR                             | 2    | QL, ST |
| ZEGALOGUE                             | 2    | QL     |

### DIURETICS

| Medication          | Tier | Notes  |
|---------------------|------|--------|
| acetazolamide       | 1    |        |
| bumetanide          | 1    |        |
| CAROSPIR            | 2    | PA     |
| chlorthalidone      | 1    |        |
| DIURIL              | 3    |        |
| eplerenone          | 1    |        |
| furosemide          | 1    |        |
| hydrochlorothiazide | 1    |        |
| JYNARQUE            | 4    | SP, PA |
| KERENDIA            | 2    | PA, QL |
| spironolactone      | 1    |        |
| tolvaptan           | 4    | SP     |
| triamterene-hctz    | 1    |        |

### EAR MEDICATIONS

| Medication                  | Tier | Notes |
|-----------------------------|------|-------|
| ciprofloxacin-dexamethasone | 1    |       |
| CORTISPORIN-TC              | 3    |       |

| EAR MEDICATIONS (cont.)                         |      |       |
|-------------------------------------------------|------|-------|
| Medication                                      | Tier | Notes |
| DERMOTIC                                        | 3    |       |
| neomycin-polymyxin-hc otic solution, suspension | 1    |       |
| ofloxacin 0.3% ear drops                        | 1    |       |
| OTOVEL                                          | 3    |       |

### EYE CONDITIONS

| Medication                       | Tier | Notes      |
|----------------------------------|------|------------|
| AZASITE                          | 2    |            |
| BESIVANCE                        | 2    |            |
| BETOPTIC S                       | 2    |            |
| bimatoprost drops                | 1    | QL         |
| brimonidine drops                | 1    |            |
| brimonidine-timolol              | 1    |            |
| brinzolamide                     | 1    |            |
| bromfenac drops                  | 1    |            |
| BYOOVIZ                          | 4    | SP, PA     |
| CEQUA                            | 2    |            |
| CIMERLI                          | 4    | SP, PA     |
| ciprofloxacin drops              | 1    |            |
| cyclosporine 0.05% eye emulsion  | 1    |            |
| CYSTARAN                         | 4    | SP, PA, QL |
| difluprednate                    | 1    |            |
| dorzolamide-timolol              | 1    |            |
| erythromycin ointment            | 1    |            |
| EYSUVIS                          | 2    | QL         |
| fluorometholone                  | 1    |            |
| ILEVRO                           | 3    |            |
| latanoprost                      | 1    |            |
| loteprednol                      | 1    |            |
| MIEBO                            | 2    | QL         |
| moxifloxacin drops               | 1    |            |
| neomycin-polymyxin-dexamethasone | 1    |            |
| ofloxacin drops                  | 1    |            |
| OXERVATE                         | 4    | SP, PA     |

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

### EYE CONDITIONS (cont.)

| Medication                  | Tier | Notes      |
|-----------------------------|------|------------|
| polymyxin b-trimethoprim    | 1    |            |
| prednisolone 1% eye drops   | 1    |            |
| PROLENSA                    | 3    |            |
| RHOPRESSA                   | 3    |            |
| ROCKLATAN                   | 3    |            |
| SIMBRINZA                   | 2    |            |
| tafluprost                  | 1    | QL         |
| TEPEZZA                     | 4    | SP, PA     |
| timolol drops, gel-solution | 1    |            |
| TOBRADEX EYE OINTMENT       | 3    |            |
| TOBRADEX ST                 | 2    |            |
| tobramycin drops            | 1    |            |
| tobramycin-dexamethasone    | 1    |            |
| travoprost                  | 1    |            |
| TYRVAYA                     | 2    | QL         |
| XDEMVI                      | 4    | SP, PA, QL |
| XIIDRA                      | 2    |            |
| ZIRGAN                      | 3    |            |
| ZYLET                       | 3    |            |

### FEMININE PRODUCTS

| Medication                              | Tier | Notes |
|-----------------------------------------|------|-------|
| fem ph                                  | 1    |       |
| GYNAZOLE 1                              | 1    |       |
| miconazole 3 200 mg vaginal suppository | 1    |       |
| terconazole                             | 1    |       |
| TRIMO-SAN                               | 3    |       |

### GASTROINTESTINAL/HEARTBURN

| Medication | Tier | Notes |
|------------|------|-------|
| alosetron  | 4    | SP    |
| aprepitant | 1    | QL    |
| APRISO     | 3    |       |

### GASTROINTESTINAL/HEARTBURN (cont.)

| Medication                                      | Tier | Notes  |
|-------------------------------------------------|------|--------|
| balsalazide                                     | 1    |        |
| bismuth-metronidazole-tetracycline              | 1    |        |
| BONJESTA                                        | 3    |        |
| CHOLBAM                                         | 4    | SP, PA |
| dexlansoprazole dr                              | 1    | QL, OC |
| dicyclomine                                     | 1    |        |
| doxylamine-pyridoxine                           | 1    | QL     |
| ENTYVIO VIAL                                    | 4    | SP, PA |
| esomeprazole 20 mg, 40 mg capsule; packet       | 1    | QL, OC |
| famotidine oral suspension; 20 mg, 40 mg tablet | 1    |        |
| GATTEX                                          | 4    | SP, PA |
| gavilyte-c                                      | 1    | PPACA  |
| gavilyte-g                                      | 1    | PPACA  |
| gavilyte-n                                      | 1    | PPACA  |
| hydrocortisone enema, suppository               | 1    |        |
| IQIRVO                                          | 4    | SP, PA |
| lansoprazole                                    | 1    | QL, OC |
| LINZESS                                         | 2    |        |
| LITHOSTAT                                       | 3    |        |
| lubiprostone                                    | 1    |        |
| mesalamine                                      | 1    |        |
| mesalamine dr                                   | 1    |        |
| mesalamine er                                   | 1    |        |
| metoclopramide                                  | 1    |        |
| MOTOFEN                                         | 3    |        |
| MOVANTIK                                        | 2    | PA     |
| NEXIUM DR 2.5 MG, 5 MG PACKET                   | 2    | QL     |
| OCALIVA                                         | 4    | SP, PA |
| OLPRUVA                                         | 4    | SP, PA |
| omeprazole 10 mg, 20 mg, 40 mg capsule          | 1    | QL, OC |

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

### GASTROINTESTINAL/HEARTBURN (cont.)

| Medication                                         | Tier | Notes      |
|----------------------------------------------------|------|------------|
| ondansetron                                        | 1    |            |
| ondansetron odt 4 mg, 8 mg tablet                  | 1    |            |
| PANCREAZE                                          | 2    |            |
| pantoprazole                                       | 1    | QL, OC     |
| peg 3350-electrolyte                               | 1    | PPACA      |
| PENTASA 500 MG CAPSULE                             | 3    |            |
| PHEBURANE                                          | 4    | SP, PA, QL |
| prochlorperazine                                   | 1    |            |
| rabeprazole tablet                                 | 1    | QL, OC     |
| RECTIV                                             | 3    |            |
| RELISTOR SYRINGE, VIAL                             | 3    | PA         |
| REZDIFFRA                                          | 4    | SP, PA, QL |
| SANCUSO                                            | 3    | PA, QL     |
| scopolamine                                        | 1    |            |
| SFROWASA                                           | 3    |            |
| sodium sulfate-potassium sulfate-magnesium sulfate | 1    | PPACA      |
| SUCRAID                                            | 4    | SP, PA     |
| sucralfate                                         | 1    |            |
| SYMPROIC                                           | 2    | PA         |
| TRULANCE                                           | 2    |            |
| VARUBI                                             | 3    | PA, QL     |
| VIBERZI                                            | 2    |            |
| VIOKACE                                            | 3    |            |
| VOQUEZNA TABLET                                    | 3    | PA, QL     |
| VOWST                                              | 4    | SP, PA, QL |
| ZENPEP                                             | 2    |            |

### HORMONAL AGENTS

| Medication    | Tier | Notes  |
|---------------|------|--------|
| ACTHAR VIAL   | 4    | SP, PA |
| ANGELIQ       | 3    |        |
| BIJUVA        | 3    |        |
| budesonide ec | 1    |        |

### HORMONAL AGENTS (cont.)

| Medication                                               | Tier | Notes      |
|----------------------------------------------------------|------|------------|
| cetorelix acetate                                        | 4    | SP, PA, OC |
| CETROTIDE                                                | 4    | SP, PA, OC |
| COMBIPATCH                                               | 2    |            |
| CORTROPHIN                                               | 4    | SP, PA     |
| CRINONE 4% GEL                                           | 3    | PA         |
| CYTOMEL                                                  | 3    |            |
| DEPO-TESTOSTERONE                                        | 3    |            |
| desmopressin ampule, vial                                | 4    | SP         |
| desmopressin nasal solution, 10 mcg/0.1 ml spray, tablet | 1    |            |
| DUAVEE                                                   | 2    |            |
| estradiol cream, gel packet, patch, tablet               | 1    |            |
| EVAMIST                                                  | 3    |            |
| FENSOLVI                                                 | 4    | SP, PA     |
| fyremadel                                                | 4    | SP, PA, OC |
| ganirelix                                                | 4    | SP, PA, OC |
| GENOTROPIN                                               | 4    | SP, PA     |
| INTRAROSA                                                | 3    | QL         |
| levoxyl                                                  | 1    |            |
| liothyronine                                             | 1    |            |
| LUPRON DEPOT 3.75 MG KIT, 11.25 MG 3 MO KIT              | 4    | SP, PA     |
| lyllana                                                  | 1    | QL         |
| medroxyprogesterone tablet                               | 1    |            |
| MENOSTAR                                                 | 3    | QL         |
| methimazole                                              | 1    |            |
| methylprednisolone                                       | 1    |            |
| mimvey                                                   | 1    |            |
| MYFEMBREE                                                | 2    | PA, QL     |
| norethindrone 5 mg tablet                                | 1    |            |
| OMNITROPE                                                | 4    | SP, PA     |
| ORIAHNN                                                  | 2    | PA, QL     |
| ORILISSA                                                 | 2    | PA, QL     |

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| HORMONAL AGENTS (cont.)                                                          |      |        |
|----------------------------------------------------------------------------------|------|--------|
| Medication                                                                       | Tier | Notes  |
| OSPHENA                                                                          | 3    | QL     |
| prednisolone oral solution, tablet                                               | 1    |        |
| prednisone                                                                       | 1    |        |
| PREMARIN                                                                         | 2    |        |
| PREMPHASE                                                                        | 2    |        |
| PREMPRO                                                                          | 2    |        |
| progesterone capsule                                                             | 1    |        |
| RAYALDEE                                                                         | 3    |        |
| SANDOSTATIN LAR DEPOT                                                            | 4    | SP, PA |
| SOMATULINE DEPOT                                                                 | 4    | SP, PA |
| SOMAVERT                                                                         | 4    | SP, PA |
| testosterone gel, gel pump, packet                                               | 1    | PA, QL |
| testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml | 1    |        |
| thyroid                                                                          | 1    |        |
| TRIPTODUR                                                                        | 4    | SP, PA |
| unithroid                                                                        | 3    |        |
| yuvaferm                                                                         | 1    | QL     |

| INFECTIONS                                 |      |        |
|--------------------------------------------|------|--------|
| Medication                                 | Tier | Notes  |
| acyclovir capsule, oral suspension, tablet | 1    |        |
| albendazole                                | 1    |        |
| amoxicillin                                | 1    |        |
| amoxicillin-clavulanate                    | 1    |        |
| ARIKAYCE                                   | 4    | SP, PA |
| atovaquone                                 | 1    |        |
| atovaquone-proguanil                       | 1    |        |
| azithromycin                               | 1    |        |
| BARACLUDE ORAL SOLUTION                    | 4    | SP     |
| BAXDELA                                    | 3    | PA     |
| BEYFORTUS                                  | 3    | PPACA  |

| INFECTIONS (cont.)                                |      |            |
|---------------------------------------------------|------|------------|
| Medication                                        | Tier | Notes      |
| BICILLIN L-A                                      | 3    |            |
| CAYSTON                                           | 4    | SP, PA, QL |
| cefdinir                                          | 1    |            |
| cefepodoxime                                      | 1    |            |
| cefuroxime axetil                                 | 1    |            |
| cephalexin                                        | 1    |            |
| CIPRO                                             | 3    |            |
| ciprofloxacin                                     | 1    |            |
| clindamycin capsule, oral solution, vaginal cream | 1    |            |
| CRESEMBA                                          | 3    | PA         |
| croton                                            | 1    |            |
| DIFICID                                           | 3    | QL         |
| doxycycline monohydrate                           | 1    |            |
| EMVERM                                            | 1    |            |
| entecavir                                         | 4    | SP, QL     |
| EPCLUSA                                           | 4    | SP, PA, QL |
| erythromycin capsule, tablet                      | 1    |            |
| famciclovir                                       | 1    |            |
| fluconazole                                       | 1    |            |
| flucytosine                                       | 1    |            |
| fosfomycin                                        | 1    |            |
| HARVONI                                           | 4    | SP, PA, QL |
| hydroxychloroquine                                | 1    |            |
| IMPAVIDO                                          | 3    | PA         |
| itraconazole                                      | 1    |            |
| KITABIS PAK                                       | 4    | SP, PA, QL |
| LAGEVRIO (EUA)                                    | 2    | QL         |
| levofloxacin oral solution, tablet, vial          | 1    |            |
| LIKMEZ                                            | 3    | PA         |
| LIVTENCITY                                        | 4    | SP, PA, QL |
| MACROBID                                          | 3    |            |
| methenamine                                       | 1    |            |

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ST – Step Therapy

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| INFECTIONS (cont.)                                                           |      |            |
|------------------------------------------------------------------------------|------|------------|
| Medication                                                                   | Tier | Notes      |
| metronidazole capsule, intravenous solution, tablet, vaginal gel             | 1    |            |
| minocycline                                                                  | 1    |            |
| mondoxyne nl                                                                 | 1    |            |
| morgidox                                                                     | 1    |            |
| nitazoxanide                                                                 | 1    |            |
| nitrofurantoin capsule, 25 mg/5 ml oral suspension                           | 1    |            |
| NUZYRA                                                                       | 4    | SP, PA, QL |
| nystatin oral suspension, tablet                                             | 1    |            |
| oseltamivir                                                                  | 1    | QL         |
| PAXLOVID                                                                     | 2    | QL         |
| PEGASYS                                                                      | 4    | SP, PA     |
| penicillin v potassium                                                       | 1    |            |
| posaconazole                                                                 | 1    |            |
| PREVYMIS                                                                     | 4    | SP         |
| PRIFTIN                                                                      | 3    |            |
| pyrimethamine                                                                | 1    | PA         |
| SIVEXTRO                                                                     | 3    | PA         |
| sulfamethoxazole-tmp oral suspension, tablet                                 | 1    |            |
| SYNAGIS                                                                      | 4    | SP, PA     |
| terbinafine tablet                                                           | 1    |            |
| TOBI PODHALER                                                                | 4    | SP, PA, QL |
| tobramycin ampule                                                            | 4    | SP, PA, QL |
| valacyclovir                                                                 | 1    |            |
| valganciclovir                                                               | 1    |            |
| VALTREX                                                                      | 3    |            |
| vancomycin capsule, oral solution; 750 mg, 1.25 gm, 1.5 gm, 5 gm, 10 gm vial | 1    |            |
| VANCOMYCIN INTRAVENOUS SOLUTION, 1.75 GM, 2 GM VIAL                          | 3    |            |
| vandazole                                                                    | 1    |            |
| VEMLIDY                                                                      | 4    | SP         |

| INFECTIONS (cont.)             |      |            |
|--------------------------------|------|------------|
| Medication                     | Tier | Notes      |
| VIVJOA                         | 4    | SP, PA     |
| VOSEVI                         | 4    | SP, PA, QL |
| XENLETA                        | 3    | PA, QL     |
| XIFAXAN                        | 2    | QL         |
| XOFLUZA                        | 3    | QL         |
| ZEPATIER                       | 4    | SP, PA, QL |
| ZITHROMAX TRI-PAK              | 3    |            |
| ZYVOX ORAL SUSPENSION, TABLET  | 3    | PA         |
| INFERTILITY                    |      |            |
| Medication                     | Tier | Notes      |
| clomiphene                     | 1    | OC         |
| CRINONE 8% GEL                 | 2    | OC         |
| ENDOMETRIN                     | 2    | OC         |
| FOLLISTIM AQ                   | 4    | SP, PA, OC |
| GONAL-F                        | 4    | SP, PA, OC |
| GONAL-F RFF                    | 4    | SP, PA, OC |
| GONAL-F RFF REDI-JECT          | 4    | SP, PA, OC |
| MENOPUR                        | 4    | SP, PA, OC |
| NOVAREL                        | 4    | SP, PA, OC |
| OVIDREL                        | 4    | SP, PA, OC |
| PREGNYL                        | 4    | SP, PA, OC |
| MISCELLANEOUS                  |      |            |
| Medication                     | Tier | Notes      |
| acamprosate                    | 1    |            |
| ACCU-CHEK FASTCLIX LANCET DRUM | 1    |            |
| AUSTEDO                        | 4    | SP, PA     |
| AUSTEDO XR                     | 4    | SP, PA, QL |
| AUSTEDO XR TITRATION KIT       | 4    | SP, PA, QL |
| BOTOX                          | 4    | SP, PA     |
| CARBAGLU                       | 4    | SP         |
| CERDELGA                       | 4    | SP, PA     |
| CEREZYME                       | 4    | SP, PA     |
| cinacalcet                     | 4    | SP         |

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

| MISCELLANEOUS (cont.)                               |      |            |
|-----------------------------------------------------|------|------------|
| Medication                                          | Tier | Notes      |
| CINRYZE                                             | 4    | SP, PA     |
| deferiasirox                                        | 4    | SP         |
| deferiprone                                         | 4    | SP, PA     |
| DROPLET LANCET                                      | 1    |            |
| DYSPOET                                             | 4    | SP, PA     |
| ELFABRIO                                            | 4    | SP, PA     |
| EVRYSDI ORAL SOLUTION                               | 4    | SP, PA     |
| FABRAZYME                                           | 4    | SP, PA     |
| GALAFOLD                                            | 4    | SP, PA     |
| HAEGARDA                                            | 4    | SP, PA     |
| INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE | 4    | SP, PA, QL |
| MICROLET                                            | 1    |            |
| MYALEPT                                             | 4    | SP, PA     |
| NITYR                                               | 4    | SP, PA     |
| NUEDEXTA                                            | 3    | QL         |
| ONETOUCH DELICA PLUS LANCET                         | 1    |            |
| ONETOUCH ULTRASOFT 2 LANCET                         | 1    |            |
| ORFADIN                                             | 4    | SP, PA     |
| PALYNZIQ                                            | 4    | SP, PA     |
| PRECISION XTRA KETONE-GLUCOSE KIT                   | 3    |            |
| RADICAVA ORS                                        | 4    | SP, PA, QL |
| RUCONEST                                            | 4    | SP, PA     |
| sapropterin                                         | 4    | SP, PA     |
| sodium chloride irrigation solution, vial           | 1    |            |
| SPINRAZA                                            | 4    | SP, PA     |
| STRENSIQ                                            | 4    | SP, PA     |
| TECHLITE LANCET                                     | 1    |            |
| TEGLUTIK                                            | 4    | SP, PA     |
| TIGLUTIK                                            | 4    | SP, PA     |
| TRUEPLUS KETONE TEST STRIP                          | 3    |            |
| VIVITROL                                            | 4    | SP         |

| MISCELLANEOUS (cont.)                           |      |            |
|-------------------------------------------------|------|------------|
| Medication                                      | Tier | Notes      |
| VOXZOGO                                         | 4    | SP, PA     |
| VYNDAMAX                                        | 4    | SP, PA, QL |
| VYVGART HYTRULO                                 | 4    | SP, PA     |
| MULTIPLE SCLEROSIS                              |      |            |
| Medication                                      | Tier | Notes      |
| AVONEX                                          | 4    | SP, PA     |
| BAFIERTAM                                       | 4    | SP, PA     |
| BETASERON                                       | 4    | SP, PA     |
| dalfampridine er                                | 4    | SP, PA     |
| dimethyl                                        | 4    | SP         |
| fingolimod                                      | 4    | SP         |
| FIRDAPSE                                        | 4    | SP, PA, QL |
| glatopa                                         | 4    | SP         |
| KESIMPTA PEN                                    | 4    | SP, PA     |
| MAVENCLAD                                       | 4    | SP, PA     |
| MAYZENT                                         | 4    | SP, PA     |
| OCREVUS                                         | 4    | SP, PA     |
| OCREVUS ZUNOVO                                  | 4    | SP, PA     |
| PLEGRIDY                                        | 4    | SP, PA     |
| REBIF                                           | 4    | SP, PA     |
| REBIF REBIDOSE                                  | 4    | SP, PA     |
| teriflunomide                                   | 4    | SP         |
| TYSABRI                                         | 4    | SP, PA     |
| VUMERITY                                        | 4    | SP, PA     |
| NUTRITIONAL/DIETARY                             |      |            |
| Medication                                      | Tier | Notes      |
| ACCRUFER                                        | 3    |            |
| AURYXIA                                         | 3    | QL         |
| calcitriol ampule, capsule, oral solution, vial | 1    |            |
| cyanocobalamin                                  | 1    |            |
| CYSTADANE                                       | 4    | SP         |
| dodex                                           | 1    |            |

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

| NUTRITIONAL/DIETARY (cont.)                                          |      |       |
|----------------------------------------------------------------------|------|-------|
| Medication                                                           | Tier | Notes |
| EFFER-K 10 MEQ, 20 MEQ                                               | 3    |       |
| FLORIVA CHEWABLE TABLET                                              | 3    | PPACA |
| fluoride                                                             | 1    | PPACA |
| folic acid 1 mg, 1000 mcg tablet; 5 mg/ml, 50 mg/10 ml vial          | 1    |       |
| INJECTAFER                                                           | 3    | PA    |
| lanthanum                                                            | 1    |       |
| LOKELMA                                                              | 2    |       |
| ludent fluoride                                                      | 1    | PPACA |
| MONOFERRIC                                                           | 3    | PA    |
| multivitamin with fluoride-iron                                      | 1    | PPACA |
| multivitamin with fluoride drops, chewable tablet                    | 1    | PPACA |
| multivitamin-iron-fluoride                                           | 1    | PPACA |
| mvc-fluoride                                                         | 3    | PPACA |
| NEEVO DHA                                                            | 3    |       |
| OB COMPLETE CAPLET                                                   | 3    |       |
| OB COMPLETE ONE, PETITE, PREMIER, WITH DHA                           | 2    |       |
| POLY-VI-FLOR                                                         | 3    | PPACA |
| POLY-VI-FLOR WITH IRON CHEWABLE TABLET                               | 3    | PPACA |
| potassium chloride liquid, packet, intravenous solution, vial        | 1    |       |
| PRENATE AM, CHEWABLE, ENHANCE, ESSENTIAL, MINI, PIXIE, RESTORE, STAR | 3    |       |
| PRENATE DHA, ELITE                                                   | 2    |       |
| PRIMACARE                                                            | 3    |       |
| QUFLORA PEDIATRIC DROPS, 1 MG CHEWABLE TABLET                        | 3    | PPACA |
| sevelamer                                                            | 1    |       |
| sodium fluoride chewable tablet, drops                               | 1    | PPACA |
| soluvita 0.5 mg/ml drops                                             | 1    | PPACA |

| NUTRITIONAL/DIETARY (cont.)                   |      |            |
|-----------------------------------------------|------|------------|
| Medication                                    | Tier | Notes      |
| soluvita a,c,d with fluoride                  | 1    | PPACA      |
| SOLUVITA MULTIVITAMIN FLUORIDE                | 3    | PPACA      |
| tri-vitamin with fluoride                     | 1    | PPACA      |
| VELPHORO                                      | 2    |            |
| VELTASSA                                      | 2    |            |
| VITAFOL CAPSULE, GUMMIES, NANO, OB+DHA, ULTRA | 3    |            |
| VITAFOL-ONE                                   | 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    |            |
| BINOSTO                                       | 3    | ST         |
| EVENITY                                       | 4    | SP, PA, QL |
| ibandronate syringe, vial                     | 4    | SP         |
| ibandronate tablet                            | 1    |            |
| PROLIA                                        | 4    | SP, PA     |
| raloxifene                                    | 1    | PPACA      |
| teriparatide 600 mcg/2.4 ml pen               | 4    | SP, PA, QL |
| PAIN RELIEF AND INFLAMMATORY DISEASE          |      |            |
| Medication                                    | Tier | Notes      |
| acetaminophen-codeine                         | 1    | PA         |
| ACTEMRA ACTPEN, SYRINGE                       | 4    | SP, PA, QL |
| ACTEMRA VIAL                                  | 4    | SP, PA     |
| ADALIMUMAB-ADAZ(CF)                           | 4    | SP, PA, QL |
| ADALIMUMAB-ADB(CF)                            | 4    | SP, PA, QL |
| AIMOVIG                                       | 2    | PA         |
| AJOVY                                         | 2    | PA         |
| ARCALYST                                      | 4    | SP, PA     |
| AVSOLA                                        | 4    | SP, PA     |
| BELBUCA                                       | 2    | QL         |
| BENLYSTA                                      | 4    | SP, PA     |

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

| PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)                                                                                                                             |      |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------|
| Medication                                                                                                                                                               | Tier | Notes      |
| BIMZELX                                                                                                                                                                  | 4    | SP, PA, QL |
| buprenorphine                                                                                                                                                            | 1    | QL         |
| butalbital-acetaminophen-caffeine                                                                                                                                        | 1    | QL         |
| celecoxib                                                                                                                                                                | 1    | QL         |
| CIMZIA                                                                                                                                                                   | 4    | SP, PA, QL |
| colchicine                                                                                                                                                               | 1    |            |
| COSENTYX PEN, SYRINGE                                                                                                                                                    | 4    | SP, PA, QL |
| cyclobenzaprine tablet                                                                                                                                                   | 1    |            |
| CYLTEZO(CF)                                                                                                                                                              | 4    | SP, PA, QL |
| diclofenac 1% gel, tablet                                                                                                                                                | 1    | QL         |
| DUPIXENT                                                                                                                                                                 | 4    | SP, PA     |
| DUROLANE                                                                                                                                                                 | 4    | SP, PA     |
| eletriptan                                                                                                                                                               | 1    | QL         |
| EMGALITY                                                                                                                                                                 | 2    | PA         |
| ENBREL                                                                                                                                                                   | 4    | SP, PA, QL |
| ENSPRYNG                                                                                                                                                                 | 4    | SP, PA     |
| EUFLEXXA                                                                                                                                                                 | 4    | SP, PA     |
| febuxostat                                                                                                                                                               | 1    | QL         |
| fentanyl                                                                                                                                                                 | 1    | PA         |
| GEL-ONE                                                                                                                                                                  | 4    | SP, PA     |
| GELSYN-3                                                                                                                                                                 | 4    | SP, PA     |
| HUMIRA BY ABBVIE                                                                                                                                                         | 4    | SP, PA, QL |
| HYALGAN                                                                                                                                                                  | 4    | SP, PA     |
| hydrocodone-acetaminophen                                                                                                                                                | 1    | PA         |
| hydromorphone ampule, cartridge, oral solution, suppository; 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml syringe; tablet; 2 mg/ml, 10 mg/ml, 50 mg/5 ml, 500 mg/5 ml vial | 1    | PA         |
| HYMOVIS                                                                                                                                                                  | 4    | SP, PA     |
| HYSINGLA ER                                                                                                                                                              | 2    | PA         |
| ibuprofen                                                                                                                                                                | 1    |            |
| ILARIS                                                                                                                                                                   | 4    | SP, PA     |
| ILUMYA                                                                                                                                                                   | 4    | SP, PA, QL |

| PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)                          |      |            |
|-----------------------------------------------------------------------|------|------------|
| Medication                                                            | Tier | Notes      |
| indomethacin 25 mg, 50 mg capsule, oral suspension, 50 mg suppository | 1    |            |
| INFLECTRA                                                             | 4    | SP, PA     |
| ketorolac syringe, tablet, vial                                       | 1    | QL         |
| KEVZARA                                                               | 4    | SP, PA, QL |
| KRYSTEXXA                                                             | 4    | SP, PA     |
| leflunomide                                                           | 1    |            |
| lidocaine viscous                                                     | 1    |            |
| lidocaine-prilocaine                                                  | 1    |            |
| meloxicam tablet                                                      | 1    |            |
| MITIGARE                                                              | 2    |            |
| MONOVISC                                                              | 4    | SP, PA     |
| morphine er                                                           | 1    | PA         |
| NUCYNTA                                                               | 3    | PA         |
| NUCYNTA ER                                                            | 3    | PA         |
| NURTEC ODT                                                            | 2    | PA, QL     |
| OLUMIANT                                                              | 4    | SP, PA, QL |
| OMVOH                                                                 | 4    | SP, PA, QL |
| ORENCIA CLICKJECT, SYRINGE                                            | 4    | SP, PA, QL |
| ORENCIA VIAL                                                          | 4    | SP, PA     |
| ORTHOVISC                                                             | 4    | SP, PA     |
| OTEZLA                                                                | 4    | SP, PA, QL |
| oxycodone                                                             | 1    | PA         |
| PROCTOFOAM-HC                                                         | 3    |            |
| prolate tablet                                                        | 1    | PA         |
| QULIPTA                                                               | 2    | PA, QL     |
| RENFLEXIS                                                             | 4    | SP, PA     |
| RINVOQ ER                                                             | 4    | SP, PA, QL |
| RINVOQ LQ                                                             | 4    | SP, PA, QL |
| rizatriptan                                                           | 1    | QL         |
| ROXYBOND                                                              | 3    | PA         |
| SAVELLA                                                               | 3    |            |
| SILIQ                                                                 | 4    | SP, PA, QL |

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

| Medication                              | Tier | Notes      |
|-----------------------------------------|------|------------|
| SIMLANDI(CF)                            | 4    | SP, PA, QL |
| SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE | 4    | SP, PA, QL |
| SIMPONI ARIA                            | 4    | SP, PA     |
| SKYRIZI                                 | 4    | SP, PA, QL |
| SOTYKTU                                 | 4    | SP, PA, QL |
| STELARA SYRINGE, VIAL                   | 4    | SP, PA, QL |
| sumatriptan                             | 1    | QL         |
| SUPARTZ FX                              | 4    | SP, PA     |
| SYNVISC                                 | 4    | SP, PA     |
| SYNVISC-ONE                             | 4    | SP, PA     |
| TALTZ                                   | 4    | SP, PA, QL |
| tanlor                                  | 1    |            |
| tramadol 50 mg, 100 mg tablet           | 1    | QL         |
| TREMFYA                                 | 4    | SP, PA, QL |
| TRILURON                                | 4    | SP, PA     |
| TYENNE AUTO-INJECTOR, SYRINGE           | 4    | SP, PA, QL |
| UBRELVY                                 | 2    | PA, QL     |
| vanadom                                 | 1    |            |
| VELSIPITY                               | 4    | SP, PA, QL |
| VISCO-3                                 | 4    | SP, PA     |
| XELJANZ                                 | 4    | SP, PA, QL |
| XELJANZ XR                              | 4    | SP, PA, QL |
| XIAFLEX                                 | 4    | SP, PA     |
| XTAMPZA ER                              | 2    | PA         |
| ZAVZPRET                                | 2    | QL         |
| ZEPOSIA                                 | 4    | SP, PA     |
| ZTLIDO                                  | 2    |            |

### PARKINSON'S DISEASE

| Medication         | Tier | Notes  |
|--------------------|------|--------|
| APOKYN             | 4    | SP, PA |
| benztropine        | 1    |        |
| carbidopa-levodopa | 1    |        |

### PARKINSON'S DISEASE (cont.)

| Medication  | Tier | Notes      |
|-------------|------|------------|
| CREXONT     | 3    | ST         |
| DUOPA       | 4    | SP         |
| INBRIJA     | 4    | SP, PA     |
| NEUPRO      | 3    |            |
| NOURIANZ    | 4    | SP, PA, QL |
| pramipexole | 1    | QL         |
| ropinirole  | 1    |            |
| RYTARY      | 3    | ST         |
| XADAGO      | 3    | ST         |

### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>2</sup>

| Medication                                                     | Tier | Notes  |
|----------------------------------------------------------------|------|--------|
| ABILIFY ASIMTUFI                                               | 2    | QL     |
| ABILIFY MAINTENA                                               | 2    | QL     |
| aripiprazole                                                   | 1    | QL     |
| ARISTADA                                                       | 2    | QL     |
| ARISTADA INITIO                                                | 2    |        |
| asenapine                                                      | 1    |        |
| CAPLYTA                                                        | 3    | QL     |
| chlorpromazine                                                 | 1    |        |
| ERZOFRI                                                        | 2    | QL     |
| INVEGA HAFYERA                                                 | 2    | QL     |
| INVEGA SUSTENNA                                                | 2    | QL     |
| INVEGA TRINZA                                                  | 2    | QL     |
| lurasidone                                                     | 1    | QL     |
| olanzapine                                                     | 1    |        |
| paliperidone er                                                | 1    | QL     |
| PERSERIS                                                       | 3    | QL     |
| quetiapine 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg tablet | 1    |        |
| quetiapine er                                                  | 1    |        |
| REXULTI                                                        | 2    | QL, ST |
| risperidone                                                    | 1    |        |
| RYKINDO                                                        | 3    | QL     |

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Tier 4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

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## Cigna Healthcare Advantage 4-Tier Prescription Drug List

### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>2</sup> (cont.)

| Medication  | Tier | Notes  |
|-------------|------|--------|
| SECUADO     | 3    | ST     |
| SEROQUEL    | 3    | ST     |
| UZEDY       | 3    | QL     |
| VRAYLAR     | 3    | QL, ST |
| ziprasidone | 1    |        |

### SEIZURE DISORDERS

| Medication                                        | Tier | Notes  |
|---------------------------------------------------|------|--------|
| APTOM                                             | 3    | PA, QL |
| BRIVIACT                                          | 3    | PA     |
| carbamazepine er                                  | 1    |        |
| clonazepam                                        | 1    |        |
| DILANTIN 30 MG CAPSULE                            | 2    | PA     |
| DILANTIN 100 MG CAPSULE, INFATAB, ORAL SUSPENSION | 3    | PA     |
| divalproex                                        | 1    |        |
| divalproex er                                     | 1    |        |
| EPIDIOLEX                                         | 4    | SP, PA |
| FINTEPLA                                          | 4    | SP, PA |
| FYCOMPA                                           | 2    | PA, QL |
| gabapentin                                        | 1    |        |
| KLONOPIN                                          | 3    | PA     |
| lacosamide                                        | 1    |        |
| lamotrigine er                                    | 1    |        |
| lamotrigine odt                                   | 1    |        |
| levetiracetam er                                  | 1    |        |
| LYRICA ORAL SOLUTION                              | 3    | PA     |
| NAYZILAM                                          | 2    | PA, QL |
| ONFI                                              | 3    | PA     |
| oxcarbazepine                                     | 1    |        |
| OXTELLAR XR                                       | 3    | PA     |
| PHENYTEK                                          | 3    | PA     |
| pregabalin                                        | 1    |        |
| roweepra                                          | 1    |        |

### SEIZURE DISORDERS (cont.)

| Medication           | Tier | Notes  |
|----------------------|------|--------|
| SPRITAM              | 3    | PA     |
| subvenite            | 1    |        |
| TEGRETOL XR          | 3    | PA     |
| topiramate           | 1    |        |
| topiramate er        | 1    | QL     |
| VALTOCO              | 3    | PA, QL |
| vigpoder             | 4    | SP     |
| VIMPAT ORAL SOLUTION | 2    |        |
| VIMPAT VIAL          | 3    |        |
| XCOPRI               | 3    | PA, QL |

### SKIN CONDITIONS

| Medication                                                                      | Tier | Notes      |
|---------------------------------------------------------------------------------|------|------------|
| adapalene-benzoyl peroxide                                                      | 1    |            |
| ADBRY                                                                           | 4    | SP, PA     |
| azelaic acid                                                                    | 1    |            |
| BRYHALI                                                                         | 3    | ST         |
| CAPEX SHAMPOO                                                                   | 3    | ST         |
| CIBINQO                                                                         | 4    | SP, PA, QL |
| clindamycin foam, gel, lotion, pledget, topical solution                        | 1    |            |
| clobetasol cream, foam, gel, lotion, ointment, shampoo, topical solution, spray | 1    |            |
| clotrimazole-betamethasone                                                      | 1    |            |
| dapsone gel, gel pump                                                           | 1    |            |
| DROPSAFE PREP PAD                                                               | 1    |            |
| DRYSOL                                                                          | 3    |            |
| EBGLYSS                                                                         | 4    | SP, PA     |
| EUCRISA                                                                         | 2    | ST         |
| fluorouracil 5% cream, topical solution                                         | 1    |            |
| halobetasol                                                                     | 1    |            |
| isotretinoin                                                                    | 1    |            |
| ketoconazole cream, foam, shampoo                                               | 1    |            |
| LITFULO                                                                         | 4    | SP, PA, QL |

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Tier 4 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

### SKIN CONDITIONS (cont.)

| Medication                                                                                                            | Tier | Notes   |
|-----------------------------------------------------------------------------------------------------------------------|------|---------|
| mupirocin 2% ointment                                                                                                 | 1    |         |
| NAFTIN                                                                                                                | 3    |         |
| NEMLUVIO                                                                                                              | 4    | SP, PA  |
| neuac gel                                                                                                             | 1    |         |
| OPZELURA                                                                                                              | 3    | PA      |
| pimecrolimus                                                                                                          | 1    |         |
| PRAMOSONE                                                                                                             | 3    |         |
| REGRANEX                                                                                                              | 3    | PA, QL  |
| rosadan cream, gel                                                                                                    | 1    |         |
| SANTYL                                                                                                                | 3    | QL      |
| sodium sulfacetamide-sulfur 9.8-4.8%, 10-2%, 10-5% cleanser; cream, lotion, pad; 8-4%, 10-5% topical suspension; wash | 1    |         |
| SOOLANTRA                                                                                                             | 3    |         |
| sulfacleanse 8-4                                                                                                      | 1    |         |
| tacrolimus ointment                                                                                                   | 1    |         |
| tazarotene cream, gel                                                                                                 | 1    |         |
| tretinoin cream, gel                                                                                                  | 1    | PA, AGE |
| triderm                                                                                                               | 1    |         |
| TWYNEO                                                                                                                | 3    |         |
| XEPI                                                                                                                  | 3    |         |
| zenatane                                                                                                              | 1    |         |

### SLEEP DISORDERS/SEDATIVES

| Medication                | Tier | Notes      |
|---------------------------|------|------------|
| DAYVIGO                   | 2    | QL, ST     |
| doxepin tablet            | 1    | QL         |
| eszopiclone               | 1    |            |
| LUMRYZ                    | 4    | SP, PA, QL |
| modafinil                 | 1    | PA         |
| SODIUM OXYBATE (by Hikma) | 4    | SP, PA, QL |
| SUNOSI                    | 2    | PA, QL     |

### SLEEP DISORDERS/SEDATIVES (cont.)

| Medication                         | Tier | Notes      |
|------------------------------------|------|------------|
| temazepam                          | 1    |            |
| WAKIX                              | 4    | SP, PA, QL |
| XYWAV                              | 4    | SP, PA, QL |
| zolpidem sublingual tablet, tablet | 1    |            |
| zolpidem er                        | 1    | QL         |

### SUBSTANCE ABUSE

| Medication             | Tier | Notes |
|------------------------|------|-------|
| BRIXADI                | 4    | SP    |
| buprenorphine-naloxone | 1    |       |
| KLOXXADO               | 2    | QL    |
| LUCEMYRA               | 2    | QL    |
| naltrexone             | 1    | QL    |
| NARCAN                 | 2    | QL    |
| OPVEE                  | 3    | QL    |
| SUBLOCADE              | 4    | SP    |
| SUBOXONE               | 3    |       |
| ZIMHI                  | 3    | QL    |
| ZUBSOLV                | 2    |       |

### TRANSPLANT MEDICATIONS

| Medication                                      | Tier | Notes      |
|-------------------------------------------------|------|------------|
| ENVARUSUS XR                                    | 4    | SP         |
| everolimus 0.25mg, 0.5 mg, 0.75 mg, 1 mg tablet | 4    | SP         |
| LUPKYNIS                                        | 4    | SP, PA, QL |
| mycophenolate                                   | 4    | SP         |
| mycophenolic acid                               | 4    | SP         |
| PROGRAF AMPULE                                  | 4    | SP         |
| PROGRAF GRANULE PACKET                          | 4    | SP         |
| REZUROCK                                        | 4    | SP, PA     |
| sirolimus                                       | 4    | SP         |
| tacrolimus capsule                              | 4    | SP         |

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Tier 1 – Generics

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Tier 4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

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PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

## Cigna Healthcare Advantage 4-Tier Prescription Drug List

### URINARY TRACT CONDITIONS

| Medication                            | Tier | Notes |
|---------------------------------------|------|-------|
| alfuzosin er                          | 1    |       |
| cevimeline                            | 1    |       |
| dutasteride                           | 1    |       |
| ELMIRON                               | 3    |       |
| finasteride 5 mg tablet               | 1    |       |
| K-PHOS NO.2                           | 3    |       |
| K-PHOS ORIGINAL                       | 3    |       |
| mirabegron er                         | 1    | QL    |
| oxybutynin er                         | 1    |       |
| phenazopyridine 100 mg, 200 mg tablet | 1    |       |
| potassium er                          | 1    |       |
| RAPAFLO                               | 3    | QL    |
| solifenacin                           | 1    | QL    |
| tamsulosin                            | 1    |       |
| tolterodine er                        | 1    | QL    |
| tropium er                            | 1    |       |

### VACCINES

Not all plans cover vaccines in the same way. Log in to the myCigna App or [myCigna.com](https://mycigna.com), or check your plan materials, to see how your plan covers them.

| Medication    | Tier | Notes |
|---------------|------|-------|
| ABRYSCO       | 3    | PPACA |
| ACTHIB        | 3    | PPACA |
| ADACEL TDAP   | 3    | PPACA |
| AFLURIA       | 3    | PPACA |
| AREXVY        | 3    | PPACA |
| BEXSERO       | 3    | PPACA |
| BOOSTRIX TDAP | 3    | PPACA |
| CAPVAXINE     | 3    | PPACA |
| COMIRNATY     | 3    | PPACA |
| DAPTACEL DTAP | 3    | PPACA |
| DENGAXIA      | 3    | PPACA |

### VACCINES (cont.)

Not all plans cover vaccines in the same way. Log in to the myCigna App or [myCigna.com](https://mycigna.com), or check your plan materials, to see how your plan covers them.

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

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 – Specialty Medications

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 Advantage 4-Tier Prescription Drug List

### VACCINES (cont.)

Not all plans cover vaccines in the same way. Log in to the myCigna App or [myCigna.com](https://mycigna.com), or check your plan materials, to see how your plan covers them.

| Medication         | Tier | Notes     |
|--------------------|------|-----------|
| QUADRACEL DTAP-IPV | 3    | PPACA     |
| RECOMBIVAX HB      | 3    | PPACA     |
| ROTARIX            | 3    | PPACA     |
| 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                                                  | 3    | PPACA |
| POLY-VI-FLOR-IRON 0.25 MG DROPS,<br>0.5-10 MG CHEWABLE TABLET | 3    | PPACA |

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

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Tier 4 – Specialty Medications

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QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

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OC – Optional Coverage

## Frequently Asked Questions (FAQs)

Here are answers to questions you may have about your drug list and prescription medication coverage.

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

**A.** We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. These changes may include:

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

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), 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 can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

There are some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our review process.

For example, your plan doesn't cover (or "excludes"):

- Prescription medications that treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec OTC and generics).
- Medications that treat lifestyle conditions, such as infertility, erectile dysfunction and smoking cessation.<sup>4</sup>
- Medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

### Q. How do you decide which medications to cover?

**A.** The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market.

The Cigna Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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

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

### 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 your plan will cover it.

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

- **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.

### **Q. What types of medications usually need approval?**

**A.** Medications that:

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

### **Q. What types of medications usually have quantity limits?**

**A.** Medications that are often:

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

### **Q. What medications are part of Step Therapy?**

**A.** They're usually high-cost medications that treat conditions such as:

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

### **Q. Why does my medication have an age requirement?**

**A.** Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

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

**A.** Ask your doctor's office to contact us 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 our provider portal at [cignaforhcp.com](https://cignaforhcp.com).

We'll review the information your doctor sends us to make sure you meet coverage requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. You can also log in to the myCigna App or [myCigna.com](https://mycigna.com) to see where your medication is in the review process.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, 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 us a request, in writing, that explains why we should cover the medication.

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

**A.** When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost. If that happens, ask your doctor to contact us to start the coverage review process.

Or you can choose to pay the medication's full cost out-of-pocket directly to the pharmacy. If you do this, the cost won't count toward 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,

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

your doctor's office can ask us to cover it through our review process.

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

**A.** Yes.

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

**A.** We review all recently approved medications and products to see if they should be covered, and if so, at what cost-share (tier). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

If your doctor wants you to use a recently approved medication, your doctor's office can ask us to cover it through our review process.

### **Q. What are preventive medications?**

**A.** Preventive medications help keep you from getting certain health conditions or to keep them from coming back. These include, but are not limited to, asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis (a disease that causes bones to become weak), prenatal nutrient deficiency (when a pregnant person doesn't get enough of the nutrients they need) and stroke.

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

**A.** The Patient Protection and Affordable Care Act (PPACA), also known as "health care reform," was signed into law on March 23, 2010. This law requires plans to cover the full cost of some prescription preventive medications and over-the-counter (OTC) products. This means it costs you \$0 to fill them – you won't pay any cost-share.

Go to **Cigna.com/PDL** to see a list of \$0 medications. Click on the dropdown next to "Drug Lists for Employer Plans." Under the Preventive Drug Lists section, click on the link for the PPACA No Cost-Share Preventive Drug List. For more information about health care reform, go to **CignaHealthcare.com**.

### **Q. How can I find out how much my medication will cost me?**

**A.** When you and your doctor are thinking about 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.<sup>5</sup>

### **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.** You should think about 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). Ask your doctor if one of these options may work for you.

### **Q. What's a generic medication?**

**A.** A generic medication is the same as (or equal to) the brand-name medication. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and usually costs less.<sup>3</sup> 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. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.<sup>3</sup>

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

**A.** The generic and brand-name medication may<sup>3</sup>:

- Look different. For example, generics may have a different shape, size or color than their brand-name versions.

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

- Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

It's important to know that these differences don't affect how the generic works.

### **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.<sup>6</sup>

### **Fill maintenance medications through Express Scripts Pharmacy by Evernorth®**

Express Scripts Pharmacy is a convenient option when you're using 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.
- Get standard shipping at no extra cost.<sup>7</sup>
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.<sup>8</sup>
- Use their payment plan (if you need it).

### **Here are two easy ways to get started:**

- I. **Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or,

### **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**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

### **Fill specialty medications through Accredo by Evernorth®**

If you're using a specialty medication to treat a rare and/or complex medical condition, Accredo can help. They'll give you the personalized care and support you need. They'll also fill and ship your specialty medication to you. To learn more, go to

**Cigna.com/specialty**.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.<sup>7</sup>
- Sign up for refills and reminders. Some refills can be done by text.<sup>9</sup>
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

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

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

**A.** Use the online tools and resources on the myCigna App or **myCigna.com**. You can find out how much your medication costs (and what lower-cost options may be available), 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 home delivery orders. 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:<sup>10</sup>

- 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,<sup>11</sup> sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,<sup>11</sup> 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 the number on your ID card.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).
4. Smoking cessation medications are not usually covered under the plan, 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. **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, Evernorth, Express Scripts 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. However, you have the right to fill prescriptions at any pharmacy in your plan's network (as your plan allows).
7. Your plan pays the cost for standard shipping.
8. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna App or myCigna.com, or call 800.835.3784, to sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
9. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
11. **For plans that must follow state insurance laws, such as Delaware:** Your plan may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

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

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# Discrimination is against the law.

## Medical coverage

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

### Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

**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).