



CIGNA LEGACY (STANDARD) 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

966396 Legacy (Standard) 4-Tier 05/22



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Questions?

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

* Drug list created: originally created 01/01/2016

Last updated: 03/01/2022, for changes starting 07/01/2022

Next planned update: 08/01/2022, for changes starting 01/01/2023

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List as of July 1, 2022.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Check your plan materials to see all of the medications your plan covers.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate ER amoxicillin-clavulanate atovaquone AVIDOXY tablet azithromycin packet, suspension, tablet cefdinir cefixime cefuroxime tablet cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin COREMINO (QL) dapsone doxycycline capsule, suspension, tablet doxycycline IR-DR EMVERM entecavir** (QL) erythromycin famciclovir fluconazole hydroxychloroquine	ALBENZA BARACLUDE solution** CIPRO DARAPRIM** (PA) E.E.S. 400 Epclusa** (PA) ERY-TAB 333, 500mg HARVONI** (PA) KITABIS PAK* MAVYRET** (PA) SOVALDI** (PA) THALOMID** (PA) URETRON D-S VIBRAMYCIN syrup VOSEVI** (PA)	ALINIA BACTRIM BACTRIM DS BARACLUDE tab* (QL) CAYSTON* CLEOCIN CLINDESSE CRESEMBA (PA) DIFICID (QL) ERYPED 200 ERY-TAB 250mg MONUROL NOXAFIL suspension, tablet PLAQUENIL SULFATRIM SUPRAX TAMIFLU (QL) TOBI Podhaler** URIBEL UROGESIC-BLUE UTA VALTREX VEMLIDY** VIBRAMYCIN suspension XIFAXAN ZEPATIER** (PA)

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

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

Oral specialty medications have an asterisk (*) listed next to them; Injectable specialty medications are listed on tier 4 (pages 21-23).

Medications are listed in **alphabetical** order within each column

Medications that have extra coverage requirements have an **abbreviation** listed next to them

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

Generic medications are in all **lowercase letters**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List.

Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

› Tier 1 – Typically Generics	(Lowest-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 – Injectable Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

(PA)	Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
(QL)	Quantity Limits – Some medications have a quantity limit - meaning, your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
(ST)	Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition.
(AGE)	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy, and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

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.

Oral specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, injectable medications are covered on Tier 4 (listed on pages 18-20). Oral medications are covered on a lower tier (tiers 1-3). They're listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Check your plan materials to see how your plan covers these medications.

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them. Check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	11
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	11, 12
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	12, 13
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14
BLOOD PRESSURE/HEART MEDICATIONS	7	OSTEOPOROSIS PRODUCTS	14
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CANCER	8	PARKINSON'S DISEASE	15
CHOLESTEROL MEDICATIONS	8	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	8	SEIZURE DISORDERS	15
DENTAL PRODUCTS	8	SKIN CONDITIONS	15, 16
DIABETES	8-11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	16
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	16, 17
		VACCINES	17
		WEIGHT MANAGEMENT	17

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3	
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$	
AIDS/HIV			ANXIETY/DEPRESSION/BIPOLAR DISORDER³			
AIDS/HIV			<i>(cont)</i>			
abacavir-lamivudine* (PA) efavirenz-emtricitabine-tenofovir* emtricitabine-tenofovir 200-300 mg*+ etravirine* ritonavir* tenofovir* (PA)	BIKTARVY* DESCOBY*+ (PA) DOVATO* GENVOYA* ISENTRESS HD* (PA) ISENTRESS* JULUCA* PREZISTA* SYMTUZA* TIVICAY PD* TIVICAY* TRIUMEQ*	CIMDUO* (PA) COMPLERA* (PA) ODEFSEY* (PA) PIFELTRO* (PA) PREZCOBIX* (PA) STRIBILD* (PA) TEMIXYS* (PA)	alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone citalopram (QL) clomipramine duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine er (QL)	bupropion xl 450mg tablet (QL, PA) CELEXA (QL, ST) DESVENLAFAXINE ER (QL) EFFEXOR XR (QL, ST) FETZIMA (QL, ST) NUPLAZID* (PA) PAXIL (QL, ST) PAXIL CR (QL, ST) PRISTIQ (QL, ST) PROZAC (QL, ST) REMERON SPRAVATO* (PA) TRINTELLIX (QL, ST) VIIBRYD (QL, ST) WELLBUTRIN SR (QL, ST) WELLBUTRIN XL (PA, QL) XANAX XANAX XR ZOLOFT (QL, ST)		
ALLERGY/NASAL SPRAYS						
azelastine azelastine-fluticasone cromolyn oral concentrate desloratadine (QL) epinephrine auto-injector (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine mometasone (QL) olopatadine promethazine solution, syrup, tablet		CLARINEX EPINEPHRINE AUTO-INJECTOR (QL) GASTROCROM GRASTEK (PA, QL) KARBINAL ER ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE QNASL CHILDREN RAGWITEK (PA, QL) SYMJEPI (PA, QL) VISTARIL				
ALZHEIMER'S DISEASE						
donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine	NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON NAMENDA 10 MG TABLET NAMENDA 5 MG TABLET NAMENDA XR (QL) NAMZARIC (QL) pyridostigmine 30mg (PA, QL)				
ANXIETY/DEPRESSION/BIPOLAR DISORDER³			ASTHMA/COPD/RESPIRATORY			
alprazolam alprazolam er alprazolam intensol alprazolam odt		APLENZIN ER (PA, QL)	albuterol albuterol hfa (QL) alyq* (PA) ambrisentan* (PA) budesonide fluticasone-salmeterol ipratropium-albuterol montelukast tadalafil* (PA) wixela inhub	ADEMPAS* (PA) ADVAIR HFA ANORO ELLIPTA ASMANEX ASMANEX HFA ATROVENT HFA BEVESPI AEROSPHERE BREG ELLIPTA BREZTRI AEROSPHERE COMBIVENT RESPIMAT DULERA FLOVENT DISKUS FLOVENT HFA INCRUSE ELLIPTA OFEV* (PA) OPSUMIT* (PA) PULMICORT FLEXHALER PULMOZYME* (PA) QVAR REDIHALER SEREVENT DISKUS	ADCIRCA* (PA) AIRDUO DIGIHALER (ST) ARMONAIR DIGIHALER (ST) BRONCHITOL* (PA) DALIRESP (QL) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR REFILL (PA) LONHALA MAGNAIR STARTER (PA) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PROAIR DIGIHALER (PA, QL) PULMICORT RESPULE	

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
	SPIRIVA SPIRIVA RESPIMAT STIOLTO RESPIMAT SYMBICORT TRACLEER* (PA) TRELEGY ELLIPTA	REVATIO 10 MG/ ML, 20 MG* (PA) SINGULAIR STRIVERDI RESPIMAT (ST) TRIKAFTA* (PA, QL)	atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (la) diltiazem 24hr er (xr) DILT-XR dofetilide (QL) droxidopa* enalapril flecainide guanfacine hydralazine tablet irbesartan labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		BENICAR HCT (QL, ST) BERINERT*^ (PA) BIDIL (QL) CALAN SR CARDIZEM LA 120mg (QL) CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CINRYZE*^ (PA) CONJUPRI (PA) CONSENSI (PA, QL) COREG (ST) CORGARD (ST) COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE HEMANGEOL HYZAAR (ST) INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) LOTENSIN (ST) LOTREL MICARDIS (QL, ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO*(PA,QL) PROCARDIA XL RANEXA (QL) TEKTURNA (QL) TENORETIC 100(ST) TENORETIC 50 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) TRIBENZOR VASOTEC (ST) VERELAN PM VERQUOVO (PA, QL) ZESTORETIC (ST) ZESTRIL (ST) ZIAC (ST)
ATTENTION DEFICIT HYPERACTIVITY DISORDER³					
amphetamine (PA) atomoxetine (QL) dexamethylphenidate (PA) dexamethylphenidate er (PA, QL) dextroamphetamine-amphetamine (PA) dextroamphetamine-amphetamine er (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (PA,QL) methylphenidate er (cd) (PA, QL) methylphenidate er (la) (PA, QL) procentra (PA) methylphenidate la (PA, QL)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA,ST) ADHANSIA XR (PA, ST, QL) ADZENYS XR-ODT (PA, QL) amphetamine er (PA,QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA,ST) FOCALIN (PA,ST) INTUNIV JORNAY PM (PA, QL, ST) METHYLIN (PA) methylphenidate er 72 mg tablet (PA) QELBREE (PA, QL) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA,ST) STRATTERA (QL) ZENZEDI (PA,ST)			
BLOOD MODIFIERS/BLEEDING DISORDERS					
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	DROXIA	DOPTELET* (PA) LYSTEDA* PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA)			
BLOOD PRESSURE/HEART MEDICATIONS					
amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan	CORLANOR (PA) ENTRESTO TEKTURNA HCT (QL)	ADALAT CC ALTACE (ST) ATACAND (ST) AVAPRO (ST) AZOR (QL) BENICAR (QL, ST)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD THINNERS/ANTI-CLOTTING			CHOLESTEROL MEDICATIONS		
clopidogrel jantoven warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	EFFIENT PLAVIX PRADAXA (PA)	atorvastatin+ colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ simvastatin tablet+ (QL)	LIVALO (QL,ST) NEXLETOL (PA, QL) NEXLIZET (PA, QL) REPATHA (PA) VASCEPA (PA)	ZEJULA* (PA) CADUET (QL) LIPOFEN (ST) PRALUENT (PA) ROSZET simvastatin 20 mg/5 ml (ST) TRICOR (ST) TRILIPIX (ST) WELCHOL ZETIA ZOCOR (QL, ST)
CANCER			COUGH/COLD MEDICATIONS		
abiraterone* (PA) anastrozole+ bexarotene* (PA) capecitabine* (PA) everolimus* (PA) exemestane+ imatinib* (PA) letrozole methotrexate tamoxifen+ temozolomide* (PA)	ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA) REVLIMID* (PA) SPRYCEL* (PA) TREXALL VERZENIO* (PA)	AFINITOR DISPERZ* (PA) AFINITOR* (PA) ALECENSA* (PA) ALUNBRIG* (PA) AYVAKIT* (PA,QL) BOSULIF* (PA) BRAFTOVI* (PA) CABOMETYX* (PA) CALQUENCE* (PA) COMETRIQ* (PA) GLEEVEC* (PA) ICLUSIG* (PA) IMBRUVICA* (PA) INLYTA* (PA) JAKAFI* (PA) KISQALI* (PA) LENVIMA* (PA) LONSURF* (PA) LUMAKRAS* (PA,QL) LYNPARZA* (PA) MEKINIST* (PA) MEKTOVI* (PA) NERLYNX* (PA) NINLARO* (PA) ODOMZO* (PA) ORGOVYX* (PA) POMALYST* (PA) ROZLYTREK* (PA) RUBRACA* (PA) STIVARGA* (PA) TAFINLAR* (PA) TAGRISSO* (PA) TARGRETIN* (PA) TASIGNA* (PA) TEMODAR CAPSULE* (PA) TUKYSA* (PA) UKONIQ* (PA, QL) VENCLEXTA STARTING PACK* (PA) VENCLEXTA* (PA) VITRAKVI* (PA) XELODA* (PA) XOSPATA* (PA) XTANDI* (PA)	brompheniramine- pseudoephed-dm hydrocodone- homatropine (PA,QL) promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL)
			DENTAL PRODUCTS		
			chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate fluoride+^ FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride+^ sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF PREVIDENT 1.1% GEL PREVIDENT 5000 BOOSTER PLUS PREVIDENT 5000 DRY MOUTH PREVIDENT 5000 ENAMEL PROTECT PREVIDENT 5000 ORTHO DEFENSE PREVIDENT 5000 PLUS PREVIDENT 5000 SENSITIVE
			DIABETES		
			ACCU-CHEK COMPACT PLUS CONTROL ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	ACCU-CHEK TEST STRIPS ACCUTREND GLUCOSE TEST STRIPS BAQSIMI (QL) BASAGLAR (QL)	ADVANCED GLUCOSE TEST STRIPS ADVOCATE TEST STRIPS

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			DIABETES (cont)		
ACCU-CHEK AVIVA SOLUTION	BYDUREON (PA,QL)	ADVOCATE REDI-CODE+ TEST STRIPS	TRUE METRIX LEVEL 2 CONTROL SOLUTION		CLEVER CHOICE TALK TEST STRIPS
ACCU-CHEK SOFTCLIX LANCET KIT	BYETTA (PA,QL)	AGAMATRIX AMP TEST STRIPS	TRUE METRIX LEVEL 3 CONTROL SOLUTION		CLEVER CHOICE VOICE+ TST STRIP
ACCU-CHEK FASTCLIX LANCING DEVICE	DEXCOM G6 (PA, QL)	ASSURE 4 TEST STRIPS	TRUEPLUS SYRINGE		CONTOUR NEXT TEST STRIPS
ACCU-CHEK MULTICLIX LANCET KIT	FARXIGA (QL, ST)	ASSURE PLATINUM TEST STRIP	ULTRA-FINE PEN NEEDLE		CONTOUR TEST STRIPS
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)	ASSURE PRISM MULTI	VEO INSULIN SYRINGE		COOL GLUCOSE TEST STRIPS
ACCU-CHEK SMARTVIEW TEST STRIP	FREESTYLE LIBRE 2 SENSOR (PA, QL)	BLOOD GLUCOSE TEST STRIP			CYCLOSET
AUTOSHIELD DUO PEN NEEDLE	GLUCAGEN HYPO KIT (QL)	CARESENS N			DIATRUE PLUS TEST STRIPS
BD LANCETS	GLYXAMBI (QL, ST)	CARETOUCH TEST STRIPS			EASY PLUS II TEST STRIPS
BD PEN NEEDLE	HUMALOG (QL)	CEQUR			EASY STEP TEST STRIPS
CONTOUR NEXT LEV 1 CONTROL SOLUTION	HUMULIN (QL)	CLEVER CHOICE MICRO TEST STRIPS			FORA 6 CONNECT GLUCOSE STRIPS
CONTOUR NEXT LEV 2 CONTROL SOLUTION	JANUMET (QL, ST)	EASY TALK TEST STRIPS			FORA D15G TEST STRIPS
CONTOUR SOLUTION	JANUMET XR (QL, ST)	EASY TOUCH TEST STRIPS			FORA D20 TEST STRIPS
DROPLET	JANUVIA (QL, ST)	EASY TRAK TEST STRIPS			FORA D40-G31 TEST STRIPS
DROPSAFE	JARDIANCE (QL, ST)	EASY TRAK II TEST STRIPS			FORA G20 TEST STRIPS
glimpiride	LEVEMIR (QL)	EASYGLUCO TEST STRIPS			FORA G30-PREMIUM V10 TEST STRIPS
glipizide	LYUMJEV (QL)	EASYMAX TEST STRIPS			FORA GD50 TEST STRIPS
glipizide er	NOVOLIN (QL)	ELEMENT COMPACT TEST STRIPS			FORA GTEL GLUCOSE TEST STRIPS
glipizide xl	OMNIPOD DASH (PA, QL)	ELEMENT TEST STRIPS			FORA TEST STRIPS
INPEN	ONETOUCH ULTRA TEST STRIP	EMBRACE TEST STRIPS			FORA TN'G ADVAN PRO TEST STRIPS
metformin	ONETOUCH VERIO TEST STRIP	EMBRACE EVO TEST STRIPS			FORA V10 TEST STRIPS
metformin er	OZEMPIC (PA,QL)	EMBRACE PRO TEST STRIPS			FORA V10-V12-D10-D20 TEST STRIPS
MICROLET NEXT LANCING DEVICE	QTERN (QL, ST)	EMBRACE TALK TEST STRIPS			FORA V12 TEST STRIPS
MULTI-LANCET	RYBELSUS (PA, QL)	EVOLUTION TEST STRIPS			FORA V20 TEST STRIPS
NOVOFINE	SOLIQUA 100-33	FIFTY50 TEST STRIPS			FORACARE GD40 TEST STRIPS
NOVOTWIST	SYMLINPEN	CLEVER CHOICE PRO TEST STRIPS			FORACARE GD40
PARADIGM RESERVOIR	SYNJARDY (QL, ST)				
TECHLITE	SYNJARDY XR (QL, ST)				
TRUE METRIX LEVEL 1 CONTROL SOLUTION	TRESIBA (QL)				
	TRIJARDY XR (ST, QL)				
	TRULICITY (PA,QL)				
	V-GO 20				
	V-GO 30				
	V-GO 40				
	VICTOZA (PA, QL)				
	XIGDUO XR (QL, ST)				
	XULTOPHY				
	ZEGALOGUE (QL)				

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			DIABETES (cont)		
		FORTISCARE GLUCOSE TEST STRIPS FREESTYLE INSULINX TEST STRIPS FREESTYLE LITE TEST STRIPS FREESTYLE PRECISION NEO TEST STRIPS FREESTYLE TEST STRIPS GE100 BLOOD GLUCOSE TEST STRIP GLUCO NAVII GLUCAGON EMERGENCY KIT (QL) GLUCOCARD 01 SENSOR PLUS STRIPS GLUCOCARD EXPRESSION TEST STRIPS GLUCOCARD VITAL TEST STRIPS GLUCOCARD VITAL SENSOR STRIPS GLUCOCARD SHINE TEST STRIPS GLUCOCOM GLUCOSE TEST STRIPS GLUCOSE TEST STRIPS GOJJI BLOOD GLUCOSE TEST STRIPS GVOKE (QL) HEALTHPRO GLUCOSE TEST STRIPS IGLUCOSE TEST STRIPS INFINITY TEST STRIPS INFINITY VOICE TEST STRIPS INSULIN ASPART (PA, QL) INSULIN LISPRO (PA, QL) KORLYM* (PA)			MICRODOT TEST STRIPS MICRODOT XTRA TEST STRIPS MYGLUCOHEALTH TEST STRIPS NEUTEK 2TEK TEST STRIPS NOVA MAX GLUCOSE TEST STRIPS PHARMACIST CHOICE TEST STRIPS PREMIER TEST STRIPS PREMIUM BLOOD GLUCOSE TEST STRIPS PREMIUM V10 TEST STRIPS PRO VOICE V8-V9 TEST STRIPS PRODIGY NO CODING TEST STRIPS QUINTET TEST STRIPS QUINTET AC TEST STRIPS REFUAH PLUS TEST STRIPS RELION CONFIRM- MICRO TEST STRIPS RELION PRIME TEST STRIPS RIGHTEST GS100 TEST STRIPS RIGHTEST GS300 TEST STRIPS RIGHTEST GS550 TEST STRIPS RIOMET SEMGLEE (PA, QL) SMART SENSE TEST STRIPS SMARTEST TEST STRIPS SOLUS V2 TEST STRIPS TEST N'GO TEST STRIPS TEST STRIPS

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

DIABETES (cont)			EYE CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		TOUJEO SOLOSTAR (PA, QL) TRUETEST TEST STRIPS TRUETRACK TEST STRIPS ULTIMA TEST STRIPS UNISTRIP1 TEST STRIPS VERASENS TEST STRIPS VIVAGUARD INO TEST STRIPS WAVESENSE JAZZ TEST STRIPS WAVESENSE PRESTO TEST STRIPS	dorzolamide-timolol erythromycin fluorometholone latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate-trimethoprim prednisolone timolol tobramycin-dexamethasone travoprost	COMBIGAN EYSUVIS (QL) FLAREX FML FORTE 0.25% EYE DROPS FML S.O.P. 0.1% OINTMENT LOTEMAX SM RESTASIS RESTASIS MULTIDOSE SIMBRINZA XIIDRA ZERVIAE	BEPREVE BESIVANCE BROMSITE CEQUA COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DUREZOL FML FML LIQUIFILM 0.1% EYE DROP ILEVRO INVELTYS ISTALOL LOTEMAX MAXITROL OCUFLOX OXERVATE* (PA) POLYTRIM PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TOBRADEX EYE DROPS TOBRADEX ST VIGAMOX ZIRGAN ZYLET
DIURETICS			FEMININE PRODUCTS		
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone torsemide triamterene-hctz	DIURIL KERENDIA (PA, QL)	ALDACTONE CAROSPIR EDECRIN (PA) INSPRA JYNARQUE* (PA) LASIX MAXZIDE	GYNAZOLE 1 miconazole 3 200 mg terconazole		
EAR MEDICATIONS			GASTROINTESTINAL/HEARTBURN		
ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CIPRODEX CIPROFLOXACIN-FLUOCINOLONE CORTISPORIN-TC DERMOTIC OTOVEL	alosetron* ANUCORT-HC balsalazide cinacalcet* dicyclomine capsule, solution, tablet esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	AMITIZA CLENPIQ+ DEXILANT (QL) LINZESS NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI	ACIPHEX (QL, ST) APRISO (ST) BONJESTA CANASA CARAFATE CHOLBAM* (PA) DICLEGIS MOVANTIK (PA) NEXIUM DR CAPSULE (PA, QL) NEXIUM DR 10 MG PACKET (PA, QL)
ERECTILE DYSFUNCTION					
sildenafil^ (QL) tadalafil^ (QL) vardenafil^ (QL)	MUSE^ (PA, QL)	CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)			
EYE CONDITIONS					
bimatoprost (QL) brimonidine brinzolamide ciprofloxacin difluprednate	ALPHAGAN P 0.1% DROPS AZASITE BETIMOL BETOPTIC S	ACUVAIL ALPHAGAN P 0.15% EYE DROPS ALREX AZOPT			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet		NEXIUM DR 20 MG PACKET (PA, QL) NEXIUM DR 40 MG PACKET (PA, QL)	estradiol (twice weekly) (QL)		ESTROGEL EVAMIST
GAVILYTE-C+		OCALIVA* (PA)	estradiol-norethindrone acetate		IMVEXXY (QL)
GAVILYTE-G+		OMECLAMOX-PAK (PA)	EUTHYROX		INTRAROSA
GAVILYTE-N+		PREVACID (QL, ST)	LEVO-T		ISTURISA* (PA, QL)
HEMMOREX-HC		PROTONIX (QL, ST)	levothyroxine tablet		JATENZO (PA, QL)
hydrocortisone		RAVICTI* (PA)	LEVOXYL		LEVOTHYROXINE CAPSULES
lansoprazole (QL)		RECTIV	liothyronine		LUPANETA PACK*^ (PA)
mesalamine		RELISTOR (PA)	LYLLANA (QL)		MEDROL 8MG, 16MG, 32MG TABLET
mesalamine dr		SANCUSO (PA, QL)	medroxyprogesterone		MEDROL 4 MG DOSEPAK
metoclopramide solution, tablet		SFROWASA	methylprednisolone		MENOSTAR (QL)
metoclopramide odt		SUCRAID* (PA)	MIMVEY		MINIVELLE (QL)
omeprazole (QL)		SYMPROIC (PA)	norethindrone		MYFEMBREE (QL)
ondansetron		TALICIA (PA)	NP THYROID		NATESTO (PA, QL)
ondansetron odt		TRANSDERM-SCOP	prednisone		ORTIKOS (PA, QL)
pantoprazole		URSO	prednisone intensol		OSPHENA
suspension, tablet (QL)		URSO FORTE	progesterone tablet		PROMETRIUM
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+		VARUBI (PA, QL)	testosterone cypionate		RAYALDEE
PEG-PREP+		VIOKACE	WESTHROID		TIROSINT
prochlorperazine tablet		ZELNORM (PA)	YUVAFEM		TIROSINT-SOL
rabeprazole (QL)					UNITHROID
scopolamine					VAGIFEM (QL)
sucralfate					VIVELLE-DOT (QL)
ursodiol					
HORMONAL AGENTS			INFECTIONS		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA	acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
budesonide dr	DIVIGEL	ALORA (QL)	albendazole	CLEOCIN 75 MG CAPSULE	ALBENZA
budesonide ec	DUAVEE	ANDROGEL (PA, QL)	amoxicillin	e.e.s. 400	ALINIA
budesonide er (PA, QL)	ESTRING (QL)	ANGELIQ	amoxicillin-clavulanate er	EPCLUSA* (PA, QL)	ARAKODA (PA)
cabergoline (QL)	MEDROL 2 MG TABLET	AYGESTIN	amoxicillin-clavulanate	ERY-TAB DR 333 MG TABLET	ARIKAYCE* (PA)
DECADRON		BIJUVA	atovaquone-proguanil	EURAX 10% CREAM	BACTRIM
desmopressin	MYFEMBREE (PA,QL)	CLIMARA	AVIDOXY	HARVONI* (PA, QL)	BACTRIM DS
DEXABLISS	ORIAHNN (PA, QL)	CLIMARA PRO	azithromycin	LEDIPASVIR-SOFOSBUVIR* (PA)	BARACLUDE
dexamethasone intensol	ORILISSA (PA, QL)	COMBIPATCH	packet, suspension, tablet	MAVYRET* (PA, QL)	TABLET* (PA, QL)
DOTTI (QL)	PREMARIN TABLET, VAGINAL CREAM	CRINONE 4%	cefdinir	MOLNUPIRAVIR (QL)	BAXDELA TABLET (PA)
estradiol (once weekly)	APPLICATOR	CYTOMEL	cefuroxime tablet	PAXLOVID (QL)	CAYSTON* (PA, QL)
estradiol 10mcg vaginal insert (QL)	PREMPHASE	DEPO-TESTOSTERONE	cephalexin	SOFOSBUVIR-VELPATASVIR* (PA)	CIPRO TABLET
	PREMPRO	ELESTRIN	ciprofloxacin	SOLOSEC	CLEOCIN 150 MG CAPSULE
		EMFLAZA* (PA)	clindamycin	SOVALDI* (PA, QL)	CLEOCIN 300 MG CAPSULE
		ESTRACE	COREMINO ER QL)	VIBRAMYCIN 50 MG/5 ML SYRUP	CLEOCIN 100 MG VAGINAL OVULE

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			MISCELLANEOUS		
doxycycline monohydrate	VOSEVI* (PA) XIFAXAN (QL)	CRESEMBA CAPSULE (PA)	ACCU-CHEK FASTCLIX LANCET	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI^ (PA, QL)
EMVERM		DARAPRIM* (PA)	ACCU-CHEK SOFTCLIX	AEROCHAMBER MINI (QL)	AUSTEDO* (PA)
entecavir* (QL)		DIFICID (QL)	deferiprone 500mg* (PA)	AEROCHAMBER MV (QL)	EVRYSDI* (PA)
erythromycin		ELIMITE	disulfiram	AEROCHAMBER PLUS FLOW-VU (QL)	INGREZZA INITIATION PACK* (PA, QL)
erythromycin ethylsuccinate f		ERYPED 200 MG TABLET	DROPLET LANCETS	AEROCHAMBER Z-STAT PLUS (QL)	INGREZZA* (PA)
amciclovir		ERY-TAB DR 250 MG TABLET	KETONE CARE TEST STRIP	AEROCHAMBER AEROTRACH PLUS (QL)	KUVAN* (PA)
fluconazole		ERY-TAB DR 500 MG TABLET	KETONE TEST STRIP	AEROCHAMBER COMPACT SPACE CHAMBER (QL)	NUEDEXTA (QL)
hydroxychloroquine 200 mg tablet		EURAX 10% LOT	KETOSTIX REAGENT	EASIVENT (QL)	ORFADIN* (PA)
ivermectin (PA)		FLAGYL	MICROLET	ESBRIET* (PA)	TEGSEDI* (PA)
levofloxacin solution, tablet		KITABIS PAK* (PA, QL)	ONETOUCH DELICA	FLEXICHAMBER (QL)	TIGLUTIK* (PA)
metronidazole gel, capsule, tablet		MACROBID	POGO AUTOMATIC TEST CARTRIDGE	INSPIRACHAMBER (QL)	VYLEESI*^ (PA, QL)
minocycline		MACRODANTIN	PRECISION XTRA	MICROCHAMBER (QL)	VYNDAMAX* (PA, QL)
minocycline er tablet (QL)		MALARONE (PA)	sapropterin* (PA)	NITYR* (PA)	
mondoxyne nl		MINOCIN (PA)	sodium chloride inhalation vial, irrigation solution, vial	OPTICHAMBER DIAMOND (QL)	
nitazoxanide		minocycline er capsule (ST)	TECHLITE LANCETS	POCKET CHAMBER (QL)	
nitrofurantoin (PA)		MINOLIRA ER (ST)	TRUEPLUS KETONE TEST STRIP	PRO COMFORT SPACER WITH MASK (QL)	
nitrofurantoin monohydrate-macrocrystal		NUVESSA		PROCARE SPACER WITH CHILD MASK (QL)	
nystatin suspension, tablet		NUZYRA TABLET* (PA, QL)		RITEFLO (QL)	
oseltamivir (QL)		PLAQUENIL (PA)		SPACE CHAMBER (QL)	
penicillin v		posaconazole suspension		SPACE CHAMBER-MEDIUM MASK (QL)	
potassium		PREVYMIS TABLET*		SPACE CHAMBER-SMALL MASK (QL)	
posaconazole tablet		PRIFTIN		VORTEX VHC FROG MASK (QL)	
ribavirin*		SIVEXTRO TABLET (PA)		VORTEX VHC LADYBUG MASK (QL)	
sulfamethoxazole-trimethoprim suspension, tablet		SKLICE			
terbinafine		STROMECTOL (PA)			
tetracycline		sulfatrim			
tobramycin ampule* (PA,QL)		AMIFLU (QL)			
valacyclovir		TARGADOX (PA)			
valganciclovir		TOLSURA			
capsule, solution		URIBEL			
vandazole		VALTRES			
		VEMLIDY*			
		TXENLETA (PA, QL)			
		XOFLUZA (QL)			
		ZEPATIER* (PA)			
		ZITHROMAX			
		ZITHROMAX TRI-PAK			
		ZYVOX			
		SUSPENSION, TABLET (PA)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
MULTIPLE SCLEROSIS						PAIN RELIEF AND INFLAMMATORY DISEASE					
dalfampridine er* (PA)	AUBAGIO* (PA)	MAVENCLAD* (PA)				acetaminophen-codeine (PA)	AIMOVIG (PA)	ARAVA			
dimethyl fumarate* (PA)	BAFIERTAM* (PA)	PONVORY* (PA)				allopurinol tablet	AJOVY (PA)	BUTRANS (QL)			
	GILENYA* (PA)					baclofen tablet	BELBUCA (QL)	CELEBREX (QL, ST)			
	MAYZENT* (PA)					buprenorphine patch (QL)	EMGALITY (PA)	COLCRYS			
	VUMERITY* (PA)					butalbital-acetaminophen-caffeine (QL)	HYSINGLA ER (PA)	DEPEN* (PA)			
	ZEPOSIA* (PA)					carisoprodol	NUCYNTA (PA)	EC-NAPROSYN (ST)			
						celecoxib (QL)	NURTEC ODT (PA, QL)	ESGIC (QL)			
NUTRITIONAL/DIETARY								FEXMID			
calcitriol^	CITRANATAL 90	ACCRUFER^				diclofenac 1% gel (QL)	OTEZLA* (PA, QL)	FLECTOR (PA, QL)			
cyanocobalamin vial	DHA	AURYXIA (QL)				diclofenac 1.5% topical solution (PA)	PROCTOFOAM-HC	INDOMETHACIN 20 MG CAPSULE (PA)			
folic acid^	CITRANATAL	CITRANATAL				diclofenac dr	RASUVO (PA)				
klor-con	ASSURE	BLOOM^				diclofenac ec	REDITREX (PA)				
KLOR-CON 8	CITRANATAL	DRISDOL^				EC-NAPROXEN	RINVOQ* (PA, QL)	KEVZARA* (PA, QL)			
KLOR-CON 10 MEQ	B-CALM	K-TAB ER				ECOTRIN EC 81 MG TABLET+	SAVELLA	KINERET* (PA, QL)			
MULTIVITAMIN WITH FLUORIDE+	CITRANATAL DHA	MEPHYTON^				eletriptan (QL)	TRUDHESA (PA, QL)	LAZANDA (PA)			
potassium chloride 10%, capsule, packet, tablet	CITRANATAL	OB COMPLETE^				ENDOCET (PA)	UBRELVY (PA, QL)	LICART (PA, QL)			
pregnental multi-dha+ sevelamer carbonate	CITRANATAL RX	PHOSLYRA				febuxostat (QL)	XELJANZ XR* (PA, QL)	MITIGARE			
vitamin d2 1.25 mg (50,000 unit)^	FLORIVA CHEWABLE TABLET+	REVELA				FIORICET (QL)	XELJANZ* (PA, QL)	MOBIC (ST)			
VITAMINS A,C,D AND FLUORIDE+	LOKELMA	ROCALTROL^				GLOPERBA (PA, QL)	XTAMPZA ER (PA)	NALFON 400 MG CAPSULE (PA)			
	NEEVO DHA^					GLYDO	ZTLIDO	NAPROSYN (ST)			
	OB COMPLETE ONE					hydrocodone-acetaminophen (PA)		NUCYNTA ER (PA)			
	OB COMPLETE					IBU		OLUMIANT* (PA, QL)			
	PETITE					ibuprofen		ONZETRA XSAIL (PA, QL)			
	OB COMPLETE PREMIER					indomethacin		OXAYDO (PA)			
	OB COMPLETE WITH DHA					indomethacin er		OXYCONTIN (PA)			
	POLY-VI-FLOR WITH IRON+					ketorolac		PERCOCET (PA)			
	POLY-VI-FLOR+ PRENATE^					tromethamine (QL)		REYVOW			
	PRIMACARE					leflunomide		SKELAXIN			
	QUFLORA					lidocaine 5% ointment (QL)		TOSYMRA (PA, QL)			
	PEDIATRIC 1 MG CHEWABLE					lidocaine 5% patch		tramadol 100 mg tablet (PA, QL)			
	QUFLORA PEDIATRIC 0.25 MG/ML DROP+					lidocaine viscous		ULTRAM 50 MG TABLET (QL)			
	QUFLORA PEDIATRIC 0.5 MG/ML DROP+					meloxicam tablet		ZANAFLEX			
	TRI-VI-FLOR+ VELPHORO					meloxicam capsule (PA, QL)		ZEBUTAL (QL)			
	VELTASSA					metaxalone		ZOHYDRO ER (PA)			
OSTEOPOROSIS PRODUCTS								ZOMIG NASAL (PA, QL)			
alendronate		ACTONEL (ST)				morphine (PA)		ZYLOPRIM			
ibandronate 150 mg tablet		ATELVIA (ST)				morphine er (PA)					
raloxifene+		BINOSTO (ST)				oxycodone (PA)					
risedronate		EVISTA									
risedronate dr		FOSAMAX (ST)									

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
PAIN RELIEF AND INFLAMMATORY DISEASE						SEIZURE DISORDERS (cont)					
<i>(cont)</i>											
oxycodone er (PA)						gabapentin			DEPAKOTE (PA)		
oxycodone- acetaminophen (PA)						lamotrigine			DEPAKOTE ER (PA)		
penicillamine* (PA)						lamotrigine (blue)			DEPAKOTE		
prolate (PA)						lamotrigine (green)			SPRINKLE (PA)		
rizatriptan (QL)						lamotrigine (orange)			DIASTAT (PA)		
sumatriptan (QL)						lamotrigine er			DIASTAT ACUDIAL (PA)		
tramadol 50 mg tablet (QL)						lamotrigine odt			DILANTIN 100 MG CAPSULE (PA)		
tramadol er (QL)						lamotrigine odt (blue)			DILANTIN 50 MG INFATAB (PA)		
VANADOM						lamotrigine odt (green)			EPIDIOLEX* (PA)		
						lamotrigine odt (orange)					
						levetiracetam solution, tablet					
						levetiracetam er					
						oxcarbazepine					
						pregabalin					
						ROWEEPRA					
						rufinamide (PA,QL)					
						SUBVENITE					
						SUBVENITE (BLUE)					
						SUBVENITE (GREEN)					
						SUBVENITE (ORANGE)					
						topiramate					
						topiramate er					
						vigabatrin*					
						vigadrone*					
						DEPAKOTE (PA)					
						DEPAKOTE ER (PA)					
						DEPAKOTE					
						SPRINKLE (PA)					
						DIASTAT (PA)					
						DIASTAT ACUDIAL (PA)					
						DILANTIN 100 MG CAPSULE (PA)					
						DILANTIN 50 MG INFATAB (PA)					
						EPIDIOLEX* (PA)					
						FINTEPLA* (PA)					
						KLONOPIN (PA)					
						LYRICA (PA)					
						LYRICA CR					
						NEURONTIN (PA)					
						OXTELLAR XR (PA)					
						PHENYTEK (PA)					
						SPRITAM (PA)					
						TEGRETOL (PA)					
						TEGRETOL XR (PA)					
						VALTOCO (PA, QL)					
						XCOPRI (PA, QL)					
PARKINSON'S DISEASE											
benztropine tablet			KYNMOBI (PA)			AZILECT (QL)					
carbidopa-levodopa						DUOPA*					
carbidopa-levodopa er						GOCOVRI					
pramipexole						INBRIJA* (PA)					
pramipexole er (QL)						MIRAPEX ER (QL)					
rasagiline (QL)						NEUPRO					
ropinirole er						NOURIANZ* (PA, QL)					
ropinirole						ONGENTYS (PA, QL)					
						OSMOLEX ER (QL)					
						RYTARY					
						SINEMET 10-100					
						SINEMET 25-100					
						TASMAR					
						XADAGO (ST)					
SCHIZOPHRENIA/ANTI-PSYCHOTICS³						SKIN CONDITIONS					
aripiprazole (QL)			LATUDA (QL)			ABILIFY MYCITE (PA)			ACCUTANE		
aripiprazole odt						FANAPT (QL, ST)			adapalene (PA)		
asenapine						INVEGA (QL, ST)			adapalene-benzoyl peroxide		
chlorpromazine tablet						REXULTI (QL, ST)			ARAZLO		
olanzapine tablet						RISPERDAL (ST)			DRYSOL		
olanzapine odt						SAPHRIS (ST)			EUCRISA		
paliperidone er (QL)						SECUADO (ST)			NAFTIN		
quetiapine						SEROQUEL (ST)			PICATO		
quetiapine er						SEROQUEL XR (ST)			SANTYL (QL)		
risperidone						VRAYLAR (QL, ST)			TAZORAC 0.05% CREAM		
risperidone odt									TAZORAC 0.05% GEL		
ziprasidone tablet									TAZORAC 0.1% GEL		
						ABSORICA LD (ST)					
						ACANYA					
						ACZONE 5% GEL					
						AKLIEF					
						AMZEEQ (PA)					
						ANALPRAM HC 2.5%-1% LOTION					
						ATRALIN (PA)					
						AVAR 9.5-5% CLEANSING PADS					
						AVITA (PA)					
						BENZAACLIN GEL (PA)					
						BRYHALI (ST)					
						CALCIPOTRIENE FOAM (PA)					
						CAPEX SHAMPOO (ST)					
						CLEOCIN T					
						CLINDACIN ETZ KIT					
SEIZURE DISORDERS											
carbamazepine			DILANTIN 30 MG			APTIOM (PA, QL)					
carbamazepine er			CAPSULE (PA)			BANZEL (PA,QL)					
clonazepam			FYCOMPA (PA, QL)			BRIVIACT ORAL SOLUTION, TABLET (PA)					
divalproex			NAYZILAM (PA, QL)			CARBATROL (PA)					
divalproex er			VIMPAT SOLTUION, TABLET (PA)								
EPITOL											

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SLEEP DISORDERS/SEDATIVES		
clindamycin phos- tretinoin		CLINDACIN PAC KIT	doxepin 3 mg tablet (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	HETLIOZ LQ* (PA) HETLIOZ* (PA)
clobetasol		CLODERM (ST)	eszopiclone		LUNESTA (ST)
CLODAN		DAPSONE 7.5%	modafinil (PA)		SILENOR (QL, ST)
clotrimazole- betamethasone		GEL PUMP	zolpidem		WAKIX* (PA, QL)
dapsone gel		DENAVIR (QL)	zolpidem er (QL)		XYREM* (PA)
fluocinonide		DESOWEN (ST)			XYWAV* (PA)
fluorouracil cream, topical solution		DIFFERIN CREAM, GEL PUMP, LOTION (PA)			ZOLPIMIST (PA)
isotretinoin		DUOBRII	SMOKING CESSATION³		
ketoconazole		EFUDEX	bupropion sr+ varenicline+^	APO-VARENICLINE^ NICOTROL NS+^ NICOTROL+^	
KETODAN		ELIDEL	SUBSTANCE ABUSE		
metronidazole		EPIDUO FORTE (PA)	buprenorphine- naloxone	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE
MYORISAN		EVOCLIN	TRANSPLANT MEDICATIONS		
NEUAC GEL		FABIOR	everolimus*		ASTAGRAF XL*
pimecrolimus		KLISYRI (PA, QL)	mycophenolate		CELLCEPT ORAL SUSPENSION, TABLET*
ROSADAN		LOCOID	mofetil*		ENVARUSUS XR*
sodium sulfacetamide- sulfur		LIPOCREAM (PA)	mycophenolic acid*		MYFORTIC*
SSS 10-5		METROCREAM (PA)	sirolimus*		NEORAL*
SULFACLEANSE 8-4		METROGEL (PA)	tacrolimus capsule*		PROGRAF 0.2 MG GRANULE PACKET*
tacrolimus ointment		METROLOTION (PA)			PROGRAF 0.5 MG CAPSULE*
tazarotene 0.1% cream		NEUAC 1.2-5% KIT			PROGRAF 1 MG CAPSULE*
tretinoin (PA)		ONEXTON			PROGRAF 1 MG GRANULE PACKET*
TRIDERM		PRAMOSONE 2.5%-1% CREAM			PROGRAF 5 MG CAPSULE*
ZENATANE		PRAMOSONE 2.5%-1% LOTION			RAPAMUNE*
		PROTOPIC			REZUROCK* (PA)
		QBREXZA)			ZORTRESS*
		RETIN-A (PA)	URINARY TRACT CONDITIONS		
		RETIN-A MICRO (PA)	alfuzosin er	CYSTAGON*	AVODART
		RETIN-A MICRO PUMP (PA)	cevimeline	ELMIRON	EVOXAC
		TARGRETIN*	dutasteride	K-PHOS ORIGINAL	FLOMAX
		tazarotene 0.1% foam	finasteride	TOVIAZ (QL)	GEMTESA (ST, QL)
		TAZORAC 0.1% CREAM	oxybutynin		PROSCAR
		TEMOVATE (ST)	oxybutynin er		PYRIDIUM
		VALCHLOR*	phenazopyridine		RAPAFLO (QL)
		VECTICAL (QL)	potassium er		UROCIT-K
		VELTIN (PA)	silodosin (QL)		UROXATRAL
		WINLEVI (PA)			
		WYNZORA (PA)			
		ZILXI (PA)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont)

solifenacin (QL)
tamsulosin
tolterodine
tolterodine er (QL)

VACCINES

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

ACTHIB+	FLUMIST QUAD
ADACEL TDAP+	2021-2022+
AFLURIA QUAD	QUADRACEL DTAP-
2021-2022+	IPV SYRINGE+
AFLURIA QUAD	
2021-22 (3YR UP)+	
AFLURIA QUAD	
2021-22 (6-	
35MO)+	
BEXSERO+	
FLUZONE HIGH-	
DOSE QUAD 2021-	
22+	
FLUZONE QUAD	
2021-2022+	
GARDASIL 9+	
HEPLISAV-B+	
HIBERIX+	
INFANRIX DTAP+	
IPOL+	
JANSSEN COVID-19	
VACCINE (EUA)+	
KINRIX+	
MENACTRA+	
MENQUADFI+	
MENVEO A-C-Y-W-	
135-DIP+	
M-M-R II VACCINE+	
MODERNA	
COVID-19 VACCINE	
(EUA)+	
PEDIARIX+	
BOOSTRIX TDAP+	
DAPTACEL DTAP+	
DENG VAXIA+	
DIPHThERIA-	
TETANUS TOXOIDS-	
PED+	
ENGERIX-B ADULT+	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES (cont)

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

ENGERIX-B	
PEDIATRIC-	
ADOLESCENT+	
FLUAD QUAD 2021-	
2022+	
FLUARIX QUAD	
2021-2022+	
FLUBLOK QUAD	
2021-2022+	
FLUCELVAX QUAD	
2021-2022+	
FLULAVAL QUAD	
2021-2022+	
FLULAVAL QUAD	
2021-2022+	
PEDVAXHIB+	
PENTACEL+	
PFIZER COVID (12Y	
UP) VAC(EUA)+	
PFIZER COVID (5-	
11Y) VAC (EUA)+	
PFIZER COVID-19	
VACCINE (EUA)+	
PNEUMOVAX 23+	
PREHEVBRIO+	
PREVNAR 13+	
PREVNAR 20+	
PROQUAD+	
QUADRACEL DTAP-	
IPV VIAL+	
RECOMBIVAX HB+	
SHINGRIX+ (QL)	
TDVAX+	
TENIVAC+	
TRUMENBA+	
TWINRIX+	
VARIVAX VACCINE+	
VAXELIS+	
VAXNEUVANCE+	

WEIGHT MANAGEMENT

megestrol	WEGOVY^ (PA, QL)	CONTRACE^ (PA)
suspension		QSYMIA^ (PA)
phentermine^		SAXENDA^ (PA)

Injectable Specialty Medications

The medications listed below are covered on Tier 4 and may need approval from Cigna before your plan will cover them.

MEDICATION NAME	DRUG CLASS
ACTEMRA syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPen (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
APOKYN (PA)	PARKINSON'S DISEASE
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AVONEX PEN (PA)	MULTIPLE SCLEROSIS
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BENLYSTA 200MG (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
BYNFEZIA (PA)	HORMONAL AGENTS
CABENUVA^ (PA)	AIDS/HIV
CETROTIDE^ (PA)	HORMONAL AGENTS
CIMZIA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
COPAXONE (PA)	MULTIPLE SCLEROSIS
COSENTYX (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA (PA)	HORMONAL AGENTS
EMPAVELI (PA)	MISCELLANEOUS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
FASENRA PEN (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI^ (PA)	HORMONAL AGENTS
FIRAZYR (PA)	BLOOD PRESSURE/HEART MEDICATIONS
FULPHILA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GANIRELIX^ (PA)	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
GENOTROPIN (PA)	HORMONAL AGENTS
glatiramer (PA, QL)	MULTIPLE SCLEROSIS
GLATOPA (PA)	MULTIPLE SCLEROSIS
GRANIX^	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HEMLIBRA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HUMATROPE (PA)	HORMONAL AGENTS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
icatibant (PA)	BLOOD PRESSURE/HEART MEDICATIONS
ILARIS^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
LANREOTIDE^ (PA)	HORMONAL AGENTS
LORBRENA (PA)	CANCER
MYALEPT (PA)	MISCELLANEOUS
NATPARA (PA)	HORMONAL AGENTS
NEULASTA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NIVESTYM^	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPOR (PA)	HORMONAL AGENTS
NUBEQA (PA)	CANCER
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NUTROPIN AQ NUSPIN (PA)	HORMONAL AGENTS
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OMNITROPE (PA)	HORMONAL AGENTS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
REMICADE^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RUCONEST^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
sajazir (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SILIQ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 50MG/0.5ML, 100MG/ML (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYRIZI (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA (PA)	HORMONAL AGENTS
SOMATULINE DEPOT^ (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
SOMAVERT (PA)	HORMONAL AGENTS
STELARA SYRINGE, 45MG/0.5ML VIAL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA (PA)	CANCER
TEGSEDI (PA)	MISCELLANEOUS
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI (PA)	ASTHMA/COPD/RESPIRATORY
VIZIMPRO (PA)	CANCER
VYLEESI^ (PA)	MISCELLANEOUS
XALKORI (PA)	CANCER
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
YONSA (PA)	CANCER
ZARXIO^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZOMACTON (PA)	HORMONAL AGENTS
ZORBTIVE (PA)	HORMONAL AGENTS
ZYTIGA (PA)	CANCER

Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{1,2}

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

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

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

A. Your plan excludes certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA). With excluded medications, there's no option to get coverage through Cigna's coverage review process.

Q. How do you decide which medications to cover?

A. The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. 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 Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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

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

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

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

Q. What types of medications typically need approval?

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

Q. What types of medications typically have quantity limits?

- A.** Medications that:
- Are often taken in amounts larger than, or for longer than, may be appropriate
 - Are often misused or abused

Frequently Asked Questions (FAQs) (cont)

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

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

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

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

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

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should

ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

A. Yes. All medications are approved by the FDA.

Q. Are medications newly approved by the FDA covered on my drug list?

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Check your plan materials to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at Cigna.com/druglist.

Frequently Asked Questions (FAQs) (cont)

For more information about health care reform, go to informedonreform.com or Cigna.com.

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises.

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

A. You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁵ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁵ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

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

A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁶

Exclusions and limitations for coverage

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

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

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including 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 Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility¹⁰, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹⁰, 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; or
- › 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 as medically necessary.

Cigna 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 does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna 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. 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.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
6. Not all plans offer home delivery 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.
7. Standard shipping costs are included as part of your prescription plan.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
10. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, 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.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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