



# Cigna Healthcare Advantage Tier 1 Prescription Drug List

Coverage as of January 1, 2026



### View the drug list online

This document was last updated on 05/01/2025. You can go online to see the most up-to-date list of medications your plan covers.



**myCigna® App<sup>1</sup> or myCigna.com®.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/druglist.** Select **Advantage 3 Tier** from the dropdown menu. Then type in your medication name or view the full list. Please note your plan may only coverage generic medication.

### 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 Healthcare<sup>SM</sup> ID card. We're here 24/7/365.

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

\* 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 Healthcare to consider approving coverage of your medication.

## 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.

**Specialty drugs are not covered by your plan.**

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

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# Cigna Healthcare Advantage Tier I Prescription Drug List

## ALLERGY/NASAL SPRAYS

azelastine  
azelastine-fluticasone  
cromolyn oral concentrate  
desloratadine^ (QL)  
epinephrine (QL)  
fluticasone^  
hydroxyzine hcl solution, syrup, tablet  
hydroxyzine pamoate  
ipratropium  
levocetirizine^  
mometasone^ (QL)  
olopatadine  
phenylephrine hcl  
promethazine solution, syrup, tablet

## ALZHEIMER'S DISEASE

donepezil  
donepezil odt  
memantine  
memantine er (QL)  
pyridostigmine 60 mg/5 ml, 60 mg  
pyridostigmine er  
rivastigmine

## ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>2</sup>

alprazolam  
alprazolam er  
alprazolam intensol  
alprazolam odt  
alprazolam xr  
amitriptyline  
bupropion (QL)  
bupropion sr (QL)  
bupropion xl 150 mg tablet (QL)  
bupropion xl 300 mg tablet (QL)  
buspirone citalopram solution, tablet (QL)  
clomipramine  
duloxetine (QL)  
escitalopram (QL)  
fluoxetine dr (QL)  
fluoxetine (QL)  
fluvoxamine (QL)  
fluvoxamine er (QL)

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

lorazepam  
lorazepam intensol  
mirtazapine  
paroxetine cr (QL)  
paroxetine er (QL)  
paroxetine (QL)  
sertraline (QL)  
trazodone  
venlafaxine (QL)  
venlafaxine er (QL)

## ASTHMA/COPD/RESPIRATORY

albuterol  
albuterol hfa 90 mcg inhaler (QL)  
budesonide (QL)  
fluticasone-salmeterol (QL)  
ipratropium-albuterol  
montelukast  
roflumilast

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

amphetamine (PA)  
atomoxetine (QL)  
dexamethylphenidate (PA)  
dexamethylphenidate er (PA, QL)  
dextroamphetamine amphetamine (PA)  
dextroamphetamine- amphetamine er (PA, QL)  
guanfacine er  
lisdexamfetamine  
methamphetamine  
methylphenidate er (la) (PA, QL)  
methylphenidate er capsules, tablets (PA,QL)  
methylphenidate cd (PA, QL)  
methylphenidate er (cd) (PA, QL)  
methylphenidate la (PA, QL)

# Cigna Healthcare Advantage Tier I Prescription Drug List

## BLOOD PRESSURE/HEART MEDICATIONS

amiodarone hcl	pacerone 200 mg tablet
amlodipine	prazosin
amlodipine-benazepril	propranolol tablet
amlodipine-olmesartan (QL)	propranolol er
amlodipine-valsartan	prazosin
atenolol	propranolol tablet
benazepril	propranolol er
bisoprolol	ramipril
bisoprolol-hctz	ranolazine er (QL)
candesartan	taztia xt
cartia xt	telmisartan (QL)
carvedilol	telmisartan-hctz (QL)
carvedilol er (QL)	tiadylt er
clonidine	valsartan tablet
diltiazem 12hr er	valsartan-hctz
diltiazem 24hr er	verapamil er
diltiazem 24hr er (cd)	verapamil er pm
diltiazem 24hr er (la)	verapamil tablet
diltiazem 24hr er (xr)	verapamil sr
diltiazem	
dilt-xr	
dofetilide (QL)	
doxazosin	
enalapril	
flecainide	
guanfacine	
hydralazine tablet	
icatibant	
irbesartan	
irbesartan-hctz	
ivabradine tablet	
labetalol tablet	
lisinopril	
lisinopril-hctz	
losartan	
losartan-hctz	
matzim la	
metoprolol succinate	
metoprolol tablet	
metyrosine (PA)	
nadolol	
nebivolol (QL)	
nifedipine	
nifedipine er	
olmesartan (QL)	
olmesartan-amlodipine-hctz	
olmesartan-hctz (QL)	

## BLOOD THINNERS/ANTI-CLOTTING

clopidogrel  
enoxaparin  
jantoven  
prasugrel  
warfarin

## CHOLESTEROL MEDICATIONS

atorvastatin+  
colesevelam  
ezetimibe  
ezetimibe-simvastatin  
fenofibrate  
fenofibric acid  
fluvastatin er+  
fluvastatin+  
icosapent ethyl  
lovastatin  
omega-3 acid ethyl esters  
pravastatin+  
rosuvastatin+ (QL)  
simvastatin tablet+ (QL)

## CONTRACEPTION PRODUCTS

desogestrel-ethinyl estradiol+  
desogestrel-ethinyl estradiol ethinyl estradiol+  
drospirenone-ethinyl estradiol-levomefolate+  
drospirenone-ethinyl estradiol+  
ethynodiol-ethinyl estradiol+  
etonogestrel-ethinyl estradiol+  
levonorgestrel-ethinyl estradiol+  
levonorgestrel-ethinyl estradiol ethinyl estradiol+  
medroxyprogesterone + 125mg/ml  
norethindrone+  
norethindrone- ethinyl estradiol- iron+  
norethindroneethinyl estradiol+  
taysofy+

# Cigna Healthcare Advantage Tier I Prescription Drug List

## COUGH/COLD MEDICATIONS

brompheniramine-pseudoephed-dm  
hydrocodone-homatropine (PA,QL)  
hydrocodone-chlorpheniramne er (PA)  
promethazine-dm

## EAR MEDICATIONS

ciprofloxacin-dexamethasone  
neomycin-polymyxin b-hydrocortisone  
ofloxacin

## DENTAL PRODUCTS

chlorhexidine  
doxycycline hyclate  
sodium fluoride 5000 dry mouth  
sodium fluoride 5000 plus triamcinolone

## EYE CONDITIONS

bimatoprost (QL)  
brimonidine  
brimonidine tartrate-timolol  
brinzolamide  
ciprofloxacin  
cyclosporine  
difluprednate  
dorzolamide-timolol  
erythromycin  
fluorometholone  
ketorolac  
latanoprost  
loteprednol  
moxifloxacin eye drops  
neomycin-polymyxin b-dexamethasone  
ofloxacin  
polymyxin b sulfate-trimethoprim  
prednisolone  
timolol  
tobramycin  
tobramycin-dexamethasone  
travoprost

## DIABETES

glimepiride  
glipizide  
glipizide er  
glipizide xl  
metformin er  
metformin hcl 500, 850, 1000 mg tablet  
metformin hcl 500 mg/5 ml soln  
metformin hcl 850 mg/8.5ml cup

## FEMININE PRODUCTS

miconazole 3 200 mg  
terconazole

## DIURETICS

acetazolamide tablet  
acetazolamide er capsule  
bumetanide tablet  
chlorthalidone  
eplerenone  
furosemide solution, tablet  
hydrochlorothiazide  
spironolactone  
triamterene-hctz

# Cigna Healthcare Advantage Tier I Prescription Drug List

## GASTROINTESTINAL/HEARTBURN

balsalazide  
constulose  
dexlansoprazole dr^ (QL)  
dicyclomine capsule, solution, tablet  
doxylamine-pyridoxine (QL)  
dronabinol  
esomeprazole (QL)  
glycopyrrolate tablet  
hydrocortisone  
lansoprazole^ (QL)  
lubiprostone  
mesalamine  
mesalamine dr  
mesalamine er  
metoclopramide solution, tablet  
misoprostol  
omeprazole^ (QL)  
ondansetron  
ondansetron odt  
pantoprazole ^ (QL)  
peg 3350-electrolyte+  
peg3350-sodium sulfate-sodium chloride-  
potassium chloride-sodium ascorbate-  
ascorbic acid+  
prochlorperazine tablet  
promethazine  
promethegan  
rabeprazole tablet^ (QL)  
scopolamine  
sucralfate

## HORMONAL AGENTS

amabelz  
budesonide dr  
budesonide ec  
budesonide er (PA, QL) cabergoline  
(QL) dexamethasone intensol  
estradiol (once weekly)  
estradiol 10mcg vaginal insert (QL)  
estradiol (twice weekly) (QL)  
estradiol-norethindrone acetat  
levothyroxine tablet  
liothyronine  
medroxyprog- esterone  
methylpredn- isolone  
millipred  
mimvey  
norethindrone  
prednisolone solution prednisone  
intensol prednisolone odt  
progesterone tablet



# Cigna Healthcare Advantage Tier I Prescription Drug List

## INFECTIONS

acyclovir capsule, suspension, tablet  
albendazole  
amoxicillin  
amoxicillin-clavulanate er  
amoxicillin-clavulanate  
atovaquone  
atovaquone-proguanil  
azithromycin packet, suspension, tablet  
cefadroxil  
cefdinir  
cefepime  
cefprozime proxetil  
cefuroxime tablet  
cephalexin  
ciprofloxacin  
clarithromycin  
clarithromycin er  
clindamycin  
clindamycin (pediatric)  
clindamycin-benzoyl peroxide (select strengths)  
dapson  
doxycycline monohydrate  
erythromycin  
erythromycin ethylsuccinate  
famciclovir  
fluconazole  
flucytosine  
hydroxychloroquine  
itraconazole  
levofloxacin solution, tablet  
methenamine  
metronidazole gel, capsule, tablet  
minocycline  
minocycline er (QL)  
monodoxyl  
nitazoxanide  
nitrofurantoin monohydrate-macrocrystal  
nystatin suspension, tablet  
voriconazole (PA)

## MISCELLANEOUS

deferiprone 500mg, 1000 mg tablet(3 times a day)  
disulfiram  
sodium chloride inhalation vial, irrigation solution, vial

## NUTRITIONAL/DIETARY

fluoride+  
cyanocobalamin  
dodex  
fluoride+  
folic acid^+  
klor-con 8  
klor-con 10  
lanthanum  
potassium chloride 10%, capsule, conc, packet, tablet  
sevelamer carbonate  
sodium fluoride+

## OSTEOPOROSIS PRODUCTS

alendronate  
raloxifene +  
risedronate  
risedronate dr

# Cigna Healthcare Advantage Tier I Prescription Drug List

## PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)  
allopurinol tablet  
baclofen tablet  
buprenorphine patch (QL)  
butalbital-acetaminophen-caffeine (QL)  
buprenorphine (QL)  
butalbital-acetaminophen-caffeine (QL)  
carisoprodol celecoxib (QL)  
colchicine 0.6mg tablet  
cyclobenzaprine diclofenac 1% gel (QL)  
diclofenac dr  
diclofenac ec  
eletriptan (QL)  
endocet (PA)  
febuxostat (QL)  
fentanyl (PA)  
frovatriptan (QL)  
hydromorphone (PA)  
hydromorphone er (PA)  
hydrocodone-acetaminophen (PA)  
ibuprofen  
indomethacin  
indomethacin er  
ketorolac tromethamine (QL)  
leflunomide  
lidocaine (QL)  
lidocaine-prilocaine  
meloxicam tablet  
metaxalone  
methocarbamol morphine (PA)  
morphine er (PA)  
nabumetone  
oxycodone (PA)  
oxycodone er (PA)  
oxycodone-acetaminophen (PA)  
rizatriptan (QL)  
sumatriptan (QL)  
sumatriptan succ-naproxen sod (QL)  
tramadol 50 mg tablet (QL)  
tramadol er (QL)

## PARKINSON'S DISEASE

benztropine tablet  
carbidopa-levodopa  
carbidopa-levodopa er  
pramipexole  
pramipexole er (QL)  
rasagiline (QL)  
ropinirole er  
ropinirole

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

aripiprazole (QL)  
aripiprazole odt  
asenapine  
chlorpromazine  
clozapine  
clozapine odt  
olanzapine tablet  
olanzapine odt  
paliperidone er (QL)  
quetiapine  
quetiapine er  
risperidone  
risperidone odt  
ziprasidone tablet

## SEIZURE DISORDERS

carbamazepine  
carbamazepine er  
clobazam  
clonazepam  
divalproex  
divalproex er  
gabapentin  
lacosamide  
lamotrigine  
lamotrigine (blue)  
lamotrigine (green)  
lamotrigine (orange)  
lamotrigine er  
lamotrigine odt lamotrigine  
odt (blue) lamotrigine odt  
(green) lamotrigine odt  
(orange) levetiracetam  
solution, tablet levetiracetam  
er oxcarbazepine  
pregabalin capsule, solution  
rufinamide (PA, QL)  
topiramate  
topiramate er

# Cigna Healthcare Advantage Tier I Prescription Drug List

## SKIN CONDITIONS

adapalene (PA age)  
adapalene-benzoyl peroxide  
azelaic acid  
betamethasone diprop augmented  
betamethasone dipropionate  
bp 10-1  
calcipotriene  
clindamycin 1% foam, gel, lotion, pledget, solution  
clindamycin-benzoyl peroxide (select strengths)  
clindamycin-tretinoin  
clobetasol  
clotrimazole-betamethasone  
dapson gel  
fluocinonide  
fluorouracil cream, topical solution  
isotretinoin  
ketoconazole  
metronidazole  
mupirocin ointment  
pimecrolimus  
sodium sulfacetamide-sulfur  
tacrolimus ointment  
tazarotene 0.1% cream  
tretinoin (PA age)

## SLEEP DISORDERS/SEDATIVES

armodafinil (PA)  
doxepin (QL)  
doxepin hcl (QL)  
eszopiclone  
modafinil (PA)  
naltrexone hcl (QL)  
tasimelteon  
temazepam  
zolpidem  
zolpidem er (QL)

## SUBSTANCE ABUSE

buprenorphine-naloxone

## URINARY TRACT CONDITIONS

alfuzosin er  
cevimeline  
finasteride  
oxybutynin  
oxybutynin er  
phenazopyridine  
potassium er  
silodosin (QL)  
solifenacin (QL)  
tamsulosin  
tolterodine  
tolterodine er (QL)  
trospium  
trospium er

## Frequently Asked Questions (FAQs)

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

### 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 medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

- Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- Medications used to treat lifestyle conditions like infertility, erectile dysfunction, smoking cessation.<sup>3</sup>
- Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

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

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

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

on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

### 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?

- Medications that are often:
  - Taken in amounts larger than, or for longer than, may be appropriate
  - Misused or abused

### 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 care 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 business days to hear from us.

## Frequently Asked Questions (FAQs) (cont)

You can always check with your doctor's office to find out if a decision has been made. You can also log in to the **myCigna** app or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication meets guidelines, it will be approved for coverage. If it doesn'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. Which medications are covered under the health care reform law?**

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

For more information about health care reform, go to **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. 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>6</sup>

### **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.

## Frequently Asked Questions (FAQs) (cont)

### **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.<sup>5</sup> 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.<sup>5</sup> 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.<sup>6</sup>

### **Home delivery with Express Scripts® Pharmacy**

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and

safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

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

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)<sup>8</sup> electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

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

**A.** You can use the online tools and resources on the **myCigna App** or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription 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;
- › 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 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; 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 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 plan covers these medications, log in to the **myCigna** App or **myCigna.com**, or call Customer Service using the number on your ID card.
3. Smoking cessation medications are not typically 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.
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 Express Scripts® Pharmacy and Accredo as covered pharmacy options. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
7. Standard shipping costs are included as part of your prescription plan.
8. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
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.**

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

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