



Cigna Healthcare Advantage Tier 1 Prescription Drug List

Coverage as of January 1, 2026

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.
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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® App¹ 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 cover 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 HealthcareSM 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) | Prior Authorization – Certain medications need approval from Cigna Healthcare 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 Healthcare. |
| (QL) | Quantity Limits – 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 (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare. |
| (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 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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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

ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)²

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

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER²

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)

ASTHMA/COPD/RESPIRATORY

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

amphetamine (PA)
atomoxetine (QL)
dexmethylphenidate (PA)
dexmethylphenidate 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)

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BLOOD PRESSURE/HEART MEDICATIONS

amiodarone hcl
amlodipine
amlodipine-benazepril
amlodipine-olmesartan (QL)
amlodipine-valsartan
atenolol
benazepril
bisoprolol
bisoprolol-hctz
candesartan
cartia xt
carvedilol
carvedilol er (QL)
clonidine
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (cd)
diltiazem 24hr er (la)
diltiazem 24hr er (xr)
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-ethynodiol estradiol+
desogestrel-ethynodiol estradiol ethynodiol estradiol+
drospirenone-ethynodiol estradiol-levomefolate+
drospirenone-ethynodiol estradiol+
ethynodiol-ethynodiol estradiol+
ethynodiol-ethynodiol estradiol+
levonorgestrel-ethynodiol estradiol+
levonorgestrel-ethynodiol estradiol ethynodiol estradiol+
medroxyprogesterone + 125mg/ml
norethindrone+
norethindrone- ethynodiol estradiol- iron+
norethindroneethynodiol estradiol+
taysofy+

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COUGH/COLD MEDICATIONS

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

EAR MEDICATIONS

ciprofloxacin-dexamethasone
neomycin-polymyxin b-hydrocortisone
ofloxacin

DENTAL PRODUCTS

chlorhexidine
doxycycline hydiate
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

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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

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INFECTIONS

acyclovir capsule, suspension, tablet
albendazole
amoxicillin
amoxicillin-clavulanate er
amoxicillin-clavulanate
atovaquone
atovaquone-proguanil
azithromycin packet, suspension, tablet
cefadroxil
cefdinir
cefpodoxime proxetil
cefuroxime tablet
cephalexin
ciprofloxacin
clarithromycin
clarithromycin er
clindamycin
clindamycin (pediatric)
clindomycin-benzoyl peroxide (select strengths)
dapsone
doxycycline monohydrate
erythromycin
erythromycin ethylsuccinate
famciclovir
fluconazole
flucytosine
hydroxychloroquine
itraconazole
levofloxacin solution, tablet
methenamine
metronidazole gel, capsule, tablet
minocycline
minocycline er (QL)
monodoxine nl
nitazoxanide
nitrofurantoin monohydrate-microcrystal
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

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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)
allopurinol tablet
baclofen tablet
buprenorphine patch (QL)
butalbital-acetaminophen-caffeine (QL)
buprenorphine (QL)
butalbital-acetaminophen-caff (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-PSYCHOTICS²

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

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SKIN CONDITIONS

adapalene (PA age)
adapalene-benzoyl peroxide
azelaic acid
betamethasone diprop augmented
betamethasone dipropionate
bp 10-1
calcipotriene
clindamycin 1% foam, gel, lotion, plegket, solution
clindamycin-benzoyl peroxide (select strengths)
clindamycin-tretinoin
clobetasol
clotrimazole-betamethasone
dapsone 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.³
- 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.⁶

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.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

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 cost⁷
- 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)⁸ 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:¹⁰

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- 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 fertility¹¹, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹¹, 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](http://myCigna.com) 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](http://myCigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](http://myCigna.com) 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](http://myCigna.com) 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](http://myCigna.com) 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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Express Scripts, Inc., or their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna Healthcare of Arizona, Inc., Cigna Healthcare of California, Inc., Cigna Healthcare of Colorado, Inc., Cigna Healthcare of Connecticut, Inc., Cigna Healthcare of Florida, Inc., Cigna Healthcare of Georgia, Inc., Cigna Healthcare of Illinois, Inc., Cigna Healthcare of Indiana, Inc., Cigna Healthcare of St. Louis, Inc., Cigna Healthcare of North Carolina, Inc., Cigna Healthcare of New Jersey, Inc., Cigna Healthcare of South Carolina, Inc., Cigna Healthcare of Tennessee, Inc. (CHC-TN), and Cigna Healthcare of Texas, Inc. Policy forms: OK – HP-APP-1 et al., OR – HP-POL38 02-13, TN – HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).