





## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Standard 3-Tier Prescription Drug List as of January 1, 2024. 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 full list of the medications your plan covers.** Also, your specific plan may not cover all of these medications. Log in to the **myCigna App** or **myCigna.com**

**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.

**Abbreviations next to medications**

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation

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

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## AIDS/HIV

efavirenz- emtricitabine- tenofovir* (QL)	BIKTARVY* (QL)	
emtricitabine- tenofovir 200-300 mg* + etravirine* ritonavir* tenofovir* (PA)	DESCOVY 200-25 MG TABLET*+ (PA) DOVATO* (QL) GENVOYA* (QL) ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL)	

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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## ASTHMA/COPD/RESPIRATORY (cont.)

	OPSUMIT* (PA) PULMOZYME* (PA) QVAR REDIHALER SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) STRIVERDI RESPIMAT (QL) TEZSPIRE* (PA, QL) TRACLEER* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA) XOLAIR* (PA)	
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## ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>2</sup>

amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA, QL) dexmethylphenidate er (PA, QL) guanfacine er methylphenidate er 10-60 mg cap (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate er (1a) (PA, QL) methylphenidate la (PA, QL)	MYDAYIS (PA, QL)	ADDERALL (PA, ST) ADZENYS XR-ODT (PA, QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA, ST) METHYLIN (PA) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA, ST) VYVANSE (PA, QL)
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## BLOOD MODIFIERS/BLEEDING DISORDERS

amiodarone tablet tranexamic acid 650 mg*	ADYNOVATE*^ (PA) AFSTYLA*^ (PA) ARANESP*^ (PA) DROXIA ELOCTATE*^ (PA) EMPAVELI* (PA) EPOGEN*^ (PA) ESPEROCT*^ (PA) JIVI*^ (PA) KOGENATE FS*^ (PA)	ADVATE*^ (PA) AVALIDE (ST) DOPTELET* (PA) FULPHILA* (PA) GRANIX*^ (PA) HEMLIBRA* (PA) MIRCERA*^ (PA) NEUPOGEN*^ (PA) NUWIQ*^ (PA) PROMACTA* (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

	KOVALTRY*^ (PA) NEULASTA* (PA) NIVESTYM*^ (PA) NOVOEIGHT*^ (PA) NYVEPRIA* (PA) PROCRT*^ (PA) RETACRIT*^ (PA) UDENYCA* (PA) ZARXIO*^	(PA)     SOLOFUSE*^ (PA)
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## BLOOD PRESSURE/HEART MEDICATIONS

amiodarone hcl	CORLANOR* (PA)	ALTACE (ST) AVAPRO (ST) AVALIDE (ST) BIDIL (QL) CALAN SR
benazepril amlodipine-olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol	TEKTURNA HCT (QL) VEROUVO (PA, QL)	CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORo62.5992 429.7065 Tm
cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd)		
diltiazem 24hr er (xr) diltiazem DILT-XR dofetilide (QL) droxidopa* enalapril flecainide		
icatibant* (PA) irbesartan irbesartan-hctz labetalol tablet lisinopril lisinopril-hctz losartan		

# Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*

metoprolol		
metyrosine (PA)		
nadolol		
nebivolol		
nifedipine		
nifedipine er		
olmesartan (QL)		
olmesartan-amlodipine-hctz		
olmesartan-hctz (QL)		
pacerone 200 mg tablet		
prazosin		
propranolol tablet		
propranolol er		
ramipril		
ranolazine er (QL)		
sajazir* (PA)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		

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# Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CHOLESTEROL MEDICATIONS</b>		
atorvastatin 10 mg, 20 mg+	NEXLETOL (PA, QL) NEXLIZET (PA, QL)	CADUET (QL) LIPOFEN (ST)
colesevelam	REPATHA (PA)	ROSZET (PA)
ezetimibe	VASCEPA (PA)	TRICOR (ST)
ezetimibe- simvastatin		TRILIPIX (ST) VYTORIN (ST)
fenofibrate		WELCHOL
fenofibric acid		ZETIA
fluvastatin+		
fluvastatin er+		
icosapent ethyl		
lovastatin 20mg, 40mg tablet+		
pravastatin+		
rosuvastatin 5mg, 10mg tablet+ (QL)		
simvastatin tablet+ (QL)		

<b>CONTRACEPTION PRODUCTS</b>		
afirmelle+	LO LOESTRIN FE	ANNOVERA
altavera+	NEXPLANON* +	BALCOLTRA
alyacen+		BEYAZ
amethia+		ELLA+
amethyst+		
apri+		
aranelle+		
ashlyna+		
aubra eq+		
aubra+		
aurovela 24 fe+		
aurovela fe+		
aurovela+		
aviane+		
ayuna+		
azurette+		
balziva+		
blisovi 24 fe+		
blisovi fe+		
briellyn+		
camila+		
camrese lo+		
camrese+		
caya contoured+		
caziant+		
charlotte 24 fe+		
chateal eq+		
chateal+		
cryselle+		

# Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## CONTRACEPTION PRODUCTS *(cont.)*

larin 24 fe+		
larin fe+		
larin+		
leena+		
lessina+		
levonest+		
levonorgestrel- ethinyl estradiol+		
levora-28+		
lojaimiess+		
loryna+		
low-ogestrel+		
lo-zumandimine+		
lutra+		
lyleq+		
lyza+		
marlissa+		

# Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## COUGH/COLD MEDICATIONS

brompheniramine- pseudoephedrine -dm hydrocodone- chlorpheniramne er (PA) promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL)
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## DENTAL PRODUCTS

chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus		
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# Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## DIABETES (cont.)

TRUE COMFORT PRO INS SYRINGE TRUE METRIX LEVEL 1, 2, 3 CONTROL		
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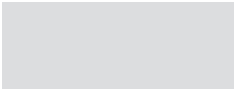
# Cigna Healthcare Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>GASTROINTESTINAL/HEARTBURN (cont.)</b>		
dicyclomine capsule, solution, tablet	NEXIUM DR 5 MG PACKET QL	CYTOTEC
dronabinol	PANCREAZE	DICLEGIS
esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	SUTAB+	GATTEX* PA
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	TRULANCE	LEVBIID ER
GAVILYTE-C+	VIBERZI	LEVSIN 0.125 MG TABLET
GAVILYTE-G+		LEVSIN SL
HEMMOREX-HC		MOTOFEN
hydrocortisone		MOVANTIK (PA)
lansoprazole (QL)		NULEV
lubiprostone		OCALIVA* (PA)
mesalaminex		PREVACID DR 30 MG CAPSULE (QL, ST)
mesalamine dr		PROTONIX (ST, QL)
mesalamine er		RAVICTI* (PA)
metoclopramide solution, tablet		RECTIV
misoprostol		RELISTOR (PA)
omeprazole (QL)		SANCUSO (PA, QL)
ondansetron		SFROWASA
ondansetron odt		SUCRAID* (PA)
pantoprazole suspension, tablet (QL)		SYMPROIC (PA)
peg 3350-electrolyte+		TRANSDERM-SCOP
PEG3350 SODIUM SULFATE SODIUM CHLORIDE POTASSIUM CHLORIDE SODIUM ASCORBATE ASCORBIC ACID+ PEG-PREP+		URSO
prochlorperazine tablet		URSO FORTE
promethazine		VARUBI (PA, QL)
promethegan		VIOKACE
rabeprazole tablet (QL)		VOWST* (PA, QL)
scopolamine		XERMELO* (PA)
sucralfate		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS</b>		
AMABELZ		



# Cigna Healthcare Standard 3-Tier Prescription Drug List















**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 periods

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

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

**A.** Yes.

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

**A.** We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through their coverage review process.

**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

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

labeling and may expire at different times. Generics may look different than the brand, 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>4</sup> Just because generics cost less, it doesn't mean they're a lower-quality.

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

**A.** To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

### **Q. Can I fill my prescriptions by mail?**

**A.** Yes, as long as your plan offers home delivery.<sup>5</sup>

### **Express Scripts® Pharmacy for maintenance medications**

Express Scripts® 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](https://www.cigna.com/homedelivery).

- Easily order, man

## 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>9</sup>

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna Healthcare;
- implantable contraceptive devices covered under the Plan's medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including 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>10</sup> sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,<sup>10</sup>



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.



## 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** – 1.800.244.6224 Cigna ID  
711

**Vietnam** 