



Cigna Healthcare Performance 3-Tier Prescription Drug List

Coverage as of July 1, 2025



What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
List of medications	6
Frequently Asked Questions (FAQs)	28
Exclusions and limitations for coverage	32

View your drug list online, 24/7

This document was last updated on 04/01/2025.* Go online to see the most up-to-date information about the medications your plan covers.

- **Cigna.com/druglist.** Choose **Performance 3 Tier** from the dropdown list. Then type in your medication name or view the full list.
- **myCigna® App¹ or myCigna.com®.** Log into your account and use the Price a Medication tool to see how your medication is covered.

Questions?

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

* Drug list originally created: 01/01/2004

Last updated: 04/01/2025, for changes
starting 07/01/2025

Next planned update: 09/01/2025, for
changes starting 01/01/2026

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Performance 3-Tier Prescription Drug List as of July 1, 2025. Medications are listed in alphabetical order (A-Z) by the condition they treat.

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

How to read this drug list

Use the table below to understand how medications are covered on the Cigna Healthcare Performance 3-Tier Prescription Drug List.*

BLOOD PRESSURE/HEART MEDICATIONS			
Medication	Tier	Notes	
amlodipine	1		Tier (cost-share level) gives you an idea of how much you may pay for a medication
amlodipine-benazepril	1		
amlodipine-olmesartan	1	QL	
amlodipine-valsartan	1		
atenolol	1		
bisoprolol-hctz	1		Medications are listed in alphabetical order (A-Z) within each column
CALAN SR	3		
CAMZYOS	3	SP, PA, QL	
candesartan	1		
cartia xt	1		
carvedilol	1		Brand-name medications are in all CAPITAL letters
carvedilol er	1	QL	
CATAPRES-TTS 1	3		
CATAPRES-TTS 2	3		
CATAPRES-TTS 3	3		
clonidine patch, tablet	1		Specialty medications have SP listed next to them in the Notes column
CORLANOR ORAL SOLUTION	2	SP, PA	
CORLANOR TABLET	2	PA	
dilt xr	1		
diltiazem tablet, vial	1		
diltiazem 12hr er	1		Generic medications are in all lowercase letters
diltiazem 24hr er	1		
diltiazem 24hr er (cd)	1		
diltiazem 24hr er (la)	1	QL	
diltiazem 24hr er (xr)	1		
DIOVAN	3	ST	Medications that may have extra coverage requirements have letters (acronyms) listed next to them in the Notes column
DIOVAN HCT	3	ST	

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

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tiers

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

Tier 1	Generics. These medications are covered at your plan's lowest cost-share. A generic works in the same way and provides the same clinical benefits as the brand-name medication – and usually cost much less. ³	\$
Tier 2	Preferred Brands. These medications usually have one or more lower-cost generic that treats the same condition.	\$\$
Tier 3	Non-Preferred Brands. These medications are covered at your plan's highest cost-share. Non-preferred brands usually have a generic and/or preferred brand alternative(s) that treats the same condition.	\$\$\$

Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

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

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

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

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

How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	19, 20
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	20, 21
ALZHEIMER'S DISEASE	6	INFECTIONS	21-23
ANXIETY/DEPRESSION/BIPOLAR DISORDER	7	INFERTILITY	23
ASTHMA/COPD/RESPIRATORY	7, 8	MISCELLANEOUS	23, 24
ATTENTION DEFICIT HYPERACTIVITY DISORDER	8	MULTIPLE SCLEROSIS	24
BLOOD MODIFIERS/BLEEDING DISORDERS	8, 9	NUTRITIONAL/DIETARY	24, 25
BLOOD PRESSURE/HEART MEDICATIONS	9, 10	OSTEOPOROSIS PRODUCTS	25
BLOOD THINNERS/ANTI-CLOTTING	10, 11	PAIN RELIEF AND INFLAMMATORY DISEASE	25-27
CANCER	11, 12	PARKINSON'S DISEASE	27, 28
CHOLESTEROL MEDICATIONS	12	SCHIZOPHRENIA/ANTI-PSYCHOTICS	28
CONTRACEPTION PRODUCTS	12-15	SEIZURE DISORDERS	28, 29
COUGH/COLD MEDICATIONS	15	SKIN CONDITIONS	29, 30
DENTAL PRODUCTS	15, 16	SLEEP DISORDERS/SEDATIVES	30
DIABETES	16, 17	SMOKING CESSATION	30
DIURETICS	17, 18	SUBSTANCE ABUSE	30
EAR MEDICATIONS	18	TRANSPLANT MEDICATIONS	30
ERECTILE DYSFUNCTION	18	URINARY TRACT CONDITIONS	31
EYE CONDITIONS	18, 19	VACCINES	31, 32
FEMININE PRODUCTS	19	VITAMINS	32

Cigna Healthcare Performance 3-Tier Prescription Drug List

AIDS/HIV		
Medication	Tier	Notes
APRETUDE	3	SP, PA, PPACA
BIKTARVY	2	SP, QL
CABENUVA	3	SP, PA
CIMDUO	3	SP, PA
COMPLERA	3	SP, PA, QL
darunavir	1	SP
DESCOVY 120-15 MG TABLET	2	SP
DESCOVY 200-25 MG TABLET	2	SP, PPACA
DOVATO	2	SP, QL
efavirenz-emtricitabine-tenofovir	1	SP, QL
emtricitabine-tenofovir 200 mg-300 mg tablet	1	SP, PPACA
GENVOYA	2	SP, QL
ISENTRESS HD	2	SP, PA
JULUCA	2	SP, QL
ODEFSEY	3	SP, PA, QL
PIFELTRO	3	SP, PA
PREZCOBIX	3	SP, PA
PREZISTA 100 MG/ML ORAL SUSPENSION; 75 MG, 150 MG TABLET	2	SP
ritonavir	1	SP
RUKOBIA	3	SP, PA, QL
STRIBILD	3	SP, PA, QL
SYMTUZA	2	SP, QL
tenofovir	1	SP, PA
TIVICAY	2	SP
TRIUMEQ	2	SP, QL
TRIUMEQ PD	2	SP, QL
ALLERGY/NASAL SPRAYS		
Medication	Tier	Notes
azelastine 0.1% (137 mcg) spray	1	
azelastine-fluticasone	1	
cromolyn oral concentrate	1	
desloratadine	1	QL
epinephrine 0.15 mg, 0.3 mg auto-injector (by Mylan SP-Viatris, Teva USA); nasal solution	1	QL

ALLERGY/NASAL SPRAYS (cont.)		
Medication	Tier	Notes
fluticasone spray	1	
GRASTEK	3	PA, QL
hydroxyzine oral solution, syrup, tablet	1	
hydroxyzine pamoate capsule	1	
ipratropium spray	1	
levocetirizine	1	
mometasone spray	1	QL
NEFFY	2	QL
ODACTRA	3	PA, QL
olopatadine spray	1	
ORALAIR	3	PA, QL
promethazine	1	
RAGWITEK	3	PA, QL
ALZHEIMER'S DISEASE		
Medication	Tier	Notes
ADLARITY	2	PA, QL
donepezil	1	
memantine	1	
memantine er	1	QL
NAMENDA	2	
NAMZARIC	3	QL
pyridostigmine 60 mg oral solution, 60 mg tablet	1	
pyridostigmine er	1	
rivastigmine	1	
ANXIETY/DEPRESSION/BIPOLAR DISORDER ²		
Medication	Tier	Notes
alprazolam	1	
amitriptyline	1	
bupropion	1	QL
bupropion xl 150 mg, 300 mg tablet	1	QL
buspirone	1	
citalopram solution, tablet	1	QL
clomipramine	1	
desvenlafaxine er 25 mg, 50 mg, 100 mg tablet	1	QL

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)²

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

ASTHMA/COPD/RESPIRATORY

Medication	Tier	Notes
ADEMPAS	2	SP, PA
ADVAIR HFA	2	QL
AIRSUPRA	2	QL
albuterol	1	
albuterol hfa 90 mcg inhaler	1	QL
ALYFTREK	3	SP, PA, QL
ambrisentan	1	SP, PA
ANORO ELLIPTA	2	QL
ARNUITY ELLIPTA	2	
ASMANEX	2	QL
ASMANEX HFA	2	QL
ATROVENT HFA	2	QL

ASTHMA/COPD/RESPIRATORY (cont.)

Medication	Tier	Notes
BREO ELLIPTA	2	QL
breyna	1	QL
BREZTRI AEROSPHERE	2	QL
budesonide inhalation suspension	1	QL
budesonide-formoterol	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	2	QL
FASENRA	2	SP, PA
GLASSIA	3	SP, PA
INCRUSE ELLIPTA	2	
KALYDECO	3	SP, PA, QL
montelukast	1	
NUCALA	2	SP, PA
OFEV	2	SP, PA
OPSUMIT	2	SP, PA
OPSYNVI	2	SP, PA, QL
ORENITRAM ER	3	SP, PA
ORENITRAM TITRATION KIT	3	SP, PA, QL
PROLASTIN C	3	SP, PA
PULMOZYME	2	SP, PA
QVAR REDIHALER	2	
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMDEKO	3	SP, PA, QL
tadalafil 20 mg tablet	1	SP, PA
TEZSPIRE PEN, SYRINGE	2	SP, PA, QL
TRACLEER 32 MG TABLET FOR SUSPENSION	2	SP, PA
TRELEGY ELLIPTA	2	QL
treprostinil	1	SP, PA
TRIKAFTA	3	SP, PA, QL
TYVASO DPI	2	SP, PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

ASTHMA/COPD/RESPIRATORY (cont.)

Medication	Tier	Notes
TYVASO	3	SP, PA
UPTRAVI TABLET, TITRATION PACK	2	SP, PA
UPTRAVI VIAL	3	SP, PA
VIJOICE	3	SP, PA, QL
wixela inhub	1	QL
XOLAIR	2	SP, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER²

Medication	Tier	Notes
ADDERALL	3	PA, ST
atomoxetine	1	QL
AZSTARYS	3	PA, QL, ST
DAYTRANA	3	PA, QL
dexmethylphenidate er	1	PA, QL
dextroamphetamine-amphetamine	1	PA
dextroamphetamine-amphetamine er	1	PA, QL
DYANAVEL XR	3	PA, QL
guanfacine er	1	
lisdexamfetamine	1	PA, QL
methylphenidate	1	PA, QL
methylphenidate er (cd)	1	PA, QL
methylphenidate er (la)	1	PA, QL
methylphenidate er capsule, 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg tablet	1	PA, QL
MYDAYIS	3	PA, QL
QUILLICHEW ER	3	PA, QL
QUILLIVANT XR	3	PA, QL
XELSTRYM	3	PA, QL

BLOOD MODIFIERS/BLEEDING DISORDERS

Medication	Tier	Notes
ADVATE	3	SP, PA
ADYNOVATE	2	SP, PA
AFSTYLA	2	SP, PA
ALTUVIIIO	2	SP, PA
aminocaproic acid	1	SP

BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)

Medication	Tier	Notes
ARANESP	2	SP, PA
DOPTelet	2	SP, PA
DROXIA	2	
ELOCTATE	2	SP, PA
EMPAVELI	2	SP, PA
ESPEROCT	2	SP, PA
FABHALTA	2	SP, PA, QL
FULPHILA	3	SP, PA
GRANIX	3	SP, PA
HEMLIBRA	3	SP, PA
JIVI	2	SP, PA
KOGENATE FS	2	SP, PA
KOVALTRY	2	SP, PA
NEULASTA	2	SP, PA
NEULASTA ONPRO	2	SP, PA
NEUPOGEN	3	SP, PA
NIVESTYM	2	SP
NOVOEIGHT	2	SP, PA
NYVEPRIA	2	SP, PA
PROCrit	2	SP, PA
PROMACTA	2	SP, PA
RETACrit	2	SP, PA
SOLIRIS	2	SP, PA
STIMUFEND	3	SP, PA
TAVALISSE	2	SP, PA
TAVNEOS	3	SP, PA, QL
tranexamic acid tablet, vial	1	SP
UDENYCA AUTO-INJECTOR, SYRINGE	2	SP, PA
ULTOMIRIS	3	SP, PA
VOYDEYA	2	SP, PA, QL
WILATE	3	SP, PA
XYNTHA	3	SP, PA
XYNTHA SOLOFUSE	3	SP, PA
ZARXIO	2	SP
ZIEXTENZO	3	SP, PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	Tier	Notes
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	QL
amlodipine-valsartan	1	
amlodipine-valsartan-hctz	1	
atenolol	1	
bisoprolol	1	
bisoprolol-hctz	1	
CAMZYOS	3	SP, PA, QL
candesartan	1	
carvedilol	1	
carvedilol er	1	QL
clonidine	1	
CORLANOR ORAL SOLUTION	2	SP, PA
CORLANOR TABLET	2	PA
diltiazem 24hr er (cd)	1	
dofetilide	1	QL
droxidopa	1	SP
enalapril	1	
ENTRESTO	2	QL
ENTRESTO SPRINKLE	2	
flecainide	1	
guanfacine	1	
hydralazine	1	
irbesartan	1	
labetalol 20 mg/4 ml syringe; 100 mg, 200 mg, 300 mg tablet; vial	1	
lisinopril	1	
lisinopril-hctz	1	
losartan	1	
losartan-hctz	1	
metoprolol tablet, vial	1	
metoprolol er	1	
metyrosine	1	PA

BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
Medication	Tier	Notes
midodrine	1	
minoxidil tablet	1	
MULTAQ	2	
nadolol	1	
nebivolol	1	QL
nifedipine er	1	
NITROSTAT	3	
NORLIQVA	2	PA, QL
olmesartan	1	QL
olmesartan-amlodipine-hctz	1	
olmesartan-hctz	1	QL
ORLADEYO	3	SP, PA, QL
prazosin	1	
propranolol er	1	
propranolol	1	
ranolazine er	1	QL
sajazir	1	SP, PA
TAKHZYRO	3	SP, PA
telmisartan	1	QL
telmisartan-hctz	1	QL
VALSARTAN SOLUTION	3	ST
valsartan tablet	1	
valsartan-hctz	1	
verapamil sr	1	
VERQUVO	2	PA, QL
ZESTORETIC	3	ST

BLOOD THINNERS/ANTI-CLOTTING		
Medication	Tier	Notes
BRILINTA	2	
clopidogrel	1	
dabigatran	1	
ELIQUIS	2	
enoxaparin	1	SP, QL
fondaparinux	1	SP, QL

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

BLOOD THINNERS/ANTI-CLOTTING (cont.)

Medication	Tier	Notes
FRAGMIN	2	SP, QL
prasugrel	1	
warfarin	1	
XARELTO	2	
ZONTIVITY	3	

CANCER

Medication	Tier	Notes
abirtega	1	SP, PA
AKEEGA	3	SP, PA, QL
ALECENSA	2	SP, PA, QL
anastrozole	1	PPACA
AYVAKIT	3	SP, PA, QL
BOSULIF	3	SP, PA, QL
BRUKINSA	2	SP, PA, QL
CABOMETYX	2	SP, PA
CALQUENCE	2	SP, PA
capecitabine	1	SP, PA
COMETRIQ	3	SP, PA, QL
COTELLIC	2	SP, PA
DANZITEN	2	SP, PA
ELIGARD	3	SP
ERIVEDGE	2	SP, PA
ERLEADA	2	SP, PA
exemestane	1	PPACA
GAVRETO	3	SP, PA, QL
GLEOSTINE	2	
HERCESSI	3	SP, PA
hydroxyurea	1	
IBRANCE	3	SP, PA, QL
imatinib	1	SP, QL
IMBRUVICA	2	SP, PA, QL
IMKELDI	2	SP, PA
INLYTA	3	SP, PA
JAKAFI	3	SP, PA, QL
JYLAMVO	3	

CANCER (cont.)

Medication	Tier	Notes
KANJINTI	2	SP, PA
KISQALI	2	SP, PA, QL
KOSELUGO	3	SP, PA, QL
lenalidomide	1	SP, PA, QL
LENVIMA	2	SP, PA
letrozole	1	
leucovorin	1	
LONSURF	3	SP, PA
LORBRENA	3	SP, PA, QL
LUMAKRAS	3	SP, PA, QL
LYNPARZA	2	SP, PA, QL
MEKINIST	2	SP, PA, QL
mercaptopurine	1	
methotrexate	1	
MVASI	2	SP, PA
NERLYNX	3	SP, PA
NINLARO	3	SP, PA, QL
NUBEQA	2	SP, PA
ODOMZO	2	SP, PA
OGIVRI	2	SP, PA
OGSIVEO	3	SP, PA, QL
ONTRUZANT	3	SP, PA
ORGOVYX	3	SP, PA
ORSERDU	3	SP, PA, QL
PHESGO	3	SP, PA
PIQRAY	2	SP, PA
POMALYST	2	SP, PA, QL
PURIXAN	3	SP
RETEVMO	3	SP, PA, QL
REVLIMID	2	SP, PA, QL
RIABNI	2	SP, PA
ROZLYTREK	3	SP, PA
RUBRACA	2	SP, PA, QL
RUXIENCE	2	SP, PA
RYDAPT	3	SP, PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

CANCER (cont.)		
Medication	Tier	Notes
SCEMBLIX	2	SP, PA, QL
STIVARGA	2	SP, PA, QL
sunitinib	1	SP, PA, QL
TABRECTA	3	SP, PA, QL
TAFINLAR	2	SP, PA, QL
TAGRISSE	3	SP, PA
TALZENNA	3	SP, PA, QL
tamoxifen	1	PPACA
TASIGNA	2	SP, PA, QL
temozolomide	1	SP, PA
TIBSOVO	3	SP, PA
torpenz	1	SP, PA, QL
TRAZIMERA	2	SP, PA
TREXALL	2	
TRUQAP	2	SP, PA, QL
TUKYSA	3	SP, PA
VANFLYTA	3	SP, PA, QL
VENCLEXTA STARTING PACK, TABLET	2	SP, PA
VERZENIO	2	SP, PA, QL
VITRAKVI	3	SP, PA
VIZIMPRO	3	SP, PA
WELIREG	3	SP, PA, QL
XALKORI	3	SP, PA, QL
XATMEP	3	
XOSPATA	3	SP, PA
XTANDI	2	SP, PA
ZEJULA	2	SP, PA, QL
ZELBORAF	2	SP, PA
ZIRABEV	2	SP, PA
CHOLESTEROL MEDICATIONS		
Medication	Tier	Notes
atorvastatin 10 mg, 20 mg tablet	1	PPACA
atorvastatin 40 mg, 80 mg tablet	1	
CADUET	3	QL

CHOLESTEROL MEDICATIONS (cont.)		
Medication	Tier	Notes
colesevelam	1	
DOJOLVI	3	SP, PA
ezetimibe	1	
fenofibrate 43 mg, 67 mg, 130 mg, 134 mg, 200 mg capsule; tablet	1	
fluvastatin	1	PPACA
fluvastatin er	1	PPACA
icosapent ethyl	1	
LIPOFEN	3	ST
lovastatin 10 mg tablet	1	
lovastatin 20 mg, 40 mg, tablet	1	PPACA
NEXLETOL	2	PA, QL
NEXLIZET	2	PA, QL
omega-3 acid ethyl esters	1	
pitavastatin	1	QL, PPACA
pravastatin	1	PPACA
REPATHA PUSHTRONEX, SURECLICK, SYRINGE	2	PA
rosuvastatin 5 mg, 10 mg tablet	1	QL, PPACA
rosuvastatin 20 mg, 40 mg tablet	1	QL
simvastatin 5 mg, 80 mg tablet	1	QL
simvastatin 10 mg, 20 mg, 40 mg tablet	1	QL, PPACA
TRICOR	3	ST
VASCEPA	2	PA

CONTRACEPTION PRODUCTS		
Medication	Tier	Notes
afirmelle	1	PPACA
altavera	1	PPACA
alyacen	1	PPACA
amethia	1	PPACA
amethyst	1	PPACA
apri	1	PPACA
aranella	1	PPACA
ashlyna	1	PPACA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
aubra	1	PPACA
aubra eq	1	PPACA
aurovela	1	PPACA
aurovela fe	1	PPACA
aviane	1	PPACA
ayuna	1	PPACA
azurette	1	PPACA
balziva	1	PPACA
blisovi fe	1	PPACA
briellyn	1	PPACA
camila	1	PPACA
camrese	1	PPACA
camrese lo	1	PPACA
CAYA CONTOURED	2	PPACA
caziant	1	PPACA
charlotte 24 fe	1	PPACA
chateal eq	1	PPACA
cryselle	1	PPACA
cyred	1	PPACA
cyred eq	1	PPACA
dasetta	1	PPACA
daysee	1	PPACA
deblitane	1	PPACA
DEPO-PROVERA	3	PPACA
DEPO-SUBQ PROVERA 104 SYRINGE	3	PPACA
desogestrel-ethinyl estradiol ethinyl estradiol	1	PPACA
dolishale	1	PPACA
drosiprenone-ethinyl estradiol	1	PPACA
drosiprenone-ethinyl estradiol-levomefolate	1	PPACA
elinest	1	PPACA
ELLA	3	PPACA
eluryng	1	PPACA
emzahh	1	PPACA
enilloring	1	PPACA

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
enpresse	1	PPACA
enskyce	1	PPACA
errin	1	PPACA
estarylla	1	PPACA
ethynodiol-ethinyl estradiol	1	PPACA
etonogestrel-ethinyl estradiol	1	PPACA
falmina	1	PPACA
feirza	1	PPACA
FEMCAP	2	PPACA
finzala	1	PPACA
gemmily	1	PPACA
hailey	1	PPACA
hailey fe	1	PPACA
haloette	1	PPACA
heather	1	PPACA
iclevia	1	PPACA
incassia	1	PPACA
isibloom	1	PPACA
jaimiess	1	PPACA
jasmiel	1	PPACA
jencycla	1	PPACA
jolessa	1	PPACA
joyeaux	1	PPACA
juleber	1	PPACA
junel	1	PPACA
junel fe	1	PPACA
kaitlib fe	1	PPACA
kalliga	1	PPACA
kariva	1	PPACA
kelnor 1-35	1	PPACA
kelnor 1-50	1	PPACA
kurvelo	1	PPACA
KYLEENA	3	SP, PPACA
larin	1	PPACA
larin fe	1	PPACA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
layolis fe	3	PPACA
leena	1	PPACA
lessina	1	PPACA
levonest	1	PPACA
levonorgestrel-ethinyl estradiol	1	PPACA
levonorgestrel-ethinyl estradiol ethinyl estradiol	1	PPACA
levonorgestrel-ethinyl estradiol-fe bisglycinate	1	PPACA
levora-28	1	PPACA
LILETTA	3	SP, PPACA
lojaimiess	1	PPACA
loryna	1	PPACA
low-ogestrel	1	PPACA
lo-zumandimine	1	PPACA
luteru	1	PPACA
lyleq	1	PPACA
lyza	1	PPACA
marlissa	1	PPACA
medroxyprogesterone 150 mg/ml syringe, vial	1	PPACA
merzee	1	PPACA
mibelas 24 fe	1	PPACA
microgestin	1	PPACA
microgestin fe	1	PPACA
mili	1	PPACA
minzoya	1	PPACA
MIRENA	3	SP, PPACA
mono-linyah	1	PPACA
necon	1	PPACA
NEXPLANON	2	SP, PPACA
nikki	1	PPACA
nora-be	1	PPACA
norelgestromin-ethinyl estradiol	1	PPACA
norethindrone 0.35 mg tablet	1	PPACA

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
norethindrone-ethinyl estradiol 1-0.02 mg, 1.5-0.03 mg (21) tablet	1	PPACA
norethindrone-ethinyl estradiol-fe	1	PPACA
norgestimate-ethinyl estradiol	1	PPACA
nortrel	1	PPACA
nylia	1	PPACA
ocella	1	PPACA
PARAGARD T 380-A	3	SP, PPACA
philith	1	PPACA
pimtrea	1	PPACA
portia	1	PPACA
reclipsen	1	PPACA
rivelsa	1	PPACA
setlakin	1	PPACA
sharobel	1	PPACA
simliya	1	PPACA
simpesse	1	PPACA
SKYLA	3	SP, PPACA
sprintec	1	PPACA
sronyx	1	PPACA
syeda	1	PPACA
tarina fe	1	PPACA
tilia fe	1	PPACA
tri-estarylla	1	PPACA
tri-legest fe	1	PPACA
tri-linyah	1	PPACA
tri-lo-estarylla	1	PPACA
tri-lo-marzia	1	PPACA
tri-lo-mili	1	PPACA
tri-lo-sprintec	1	PPACA
tri-mili	1	PPACA
tri-sprintec	1	PPACA
trivora-28	1	PPACA
tri-vylibra	1	PPACA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes
tri-vylibra lo	1	PPACA
tulana	1	PPACA
turqoz	1	PPACA
valtya	1	PPACA
velivet	1	PPACA
vestura	1	PPACA
vienva	1	PPACA
violele	1	PPACA
volnea	1	PPACA
vyfemla	1	PPACA
vylibra	1	PPACA
wera	1	PPACA
WIDE SEAL DIAPHRAGM	3	PPACA
wymzya fe	1	PPACA
xarah fe	1	PPACA
xulane	1	PPACA
zafemy	1	PPACA
zarah	1	PPACA
zovia 1-35	1	PPACA
zumandimine	1	PPACA

COUGH/COLD MEDICATIONS

Medication	Tier	Notes
brompheniramine-pseudoephedrine-dm	1	
promethazine-dm	1	

DENTAL PRODUCTS

Medication	Tier	Notes
doxycycline hyclate 20 mg tablet	1	
FLORIVA 0.25 MG/ML DROPS	3	PPACA
periogard	1	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT KIDS	2	
sodium fluoride 5000 dry mouth	1	
triamcinolone 0.1% paste	1	

DIABETES		
Medication	Tier	Notes
ACCU-CHEK CONTROL SOLUTION	1	
ACCU-CHEK FASTCLIX LANCING DEVICE	1	
ACCU-CHEK GUIDE CONTROL SOLUTION	1	
ACCU-CHEK GUIDE ME GLUCOSE METER	2	
ACCU-CHEK GUIDE MONITOR SYSTEM	2	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	1	
ACCU-CHEK SOFTCLIX LANCET KIT	1	
BAQSIMI	2	QL
BD INSULIN PEN NEEDLE, SYRINGE	1	
BD NANO PEN NEEDLE	1	
BD ULTRA-FINE PEN NEEDLE	1	
BYDUREON BCISE	2	PA, QL
CEQUR SIMPLICITY	2	
CEQUR SIMPLICITY INSERTER	2	
CONTOUR METER	3	
CONTOUR NEXT METER	3	
CONTOUR NEXT EZ METER, METER SYSTEM	3	
CONTOUR NEXT GEN METER	3	
CONTOUR NEXT ONE METER	3	
CONTOUR PLUS BLUE METER	3	
CYCLOSET	3	
DEXCOM G6	2	PA, QL
DEXCOM G7 RECEIVER, SENSOR	2	PA, QL
DROPLET GENTEEL LANCING DEVICE	1	
FARXIGA	2	QL, ST
FREESTYLE FREEDOM LITE	3	
FREESTYLE INSULINX GLUCOSE SYSTEM	3	
FREESTYLE LIBRE 2 READER, SENSOR	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 3 READER, SENSOR	2	PA, QL

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

DIABETES (cont.)		
Medication	Tier	Notes
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 14 DAY READER, SENSOR	2	PA, QL
FREESTYLE LITE METER	3	
GLIMEPIRIDE 3 MG TABLET	3	
glimepiride 1 mg, 2 mg, 4 mg tablet	1	
glipizide 5 mg, 10 mg tablet	1	
glipizide xl	1	
GLUCOCARD EXPRESSION METER, METER KIT	3	
GLUCOCARD SHINE METER, METER KIT	3	
GLUCOCARD SHINE CONNEX METER	3	
GLUCOCARD SHINE EXPRESS METER	3	
GLUCOCARD SHINE XL METER	3	
GLUCOCARD VITAL METER KIT	3	
GLYXAMBI	2	QL, ST
GVOKE	2	QL
HUMALOG	2	QL
HUMULIN N, HUMULIN R, HUMULIN 70/30	2	QL
INPEN (FOR HUMALOG, NOVOLOG OR FIASP)	1	
INSULIN GLARGINE-YFGN	2	QL
INSULIN LISPRO	2	QL
JANUMET	2	QL, ST
JANUMET XR	2	QL, ST
JANUVIA	2	QL, ST
JARDIANCE	2	QL, ST
LYUMJEV	2	QL
metformin oral solution; 500 mg, 750 mg, 850 mg, 1000 mg tablet	1	
metformin er 500 mg, 750 mg tablet	1	
MICROLET 2 LANCING DEVICE	1	
MICROLET NEXT LANCING DEVICE	1	
MOUNJARO	2	PA, QL
OMNIPOD 5 G6-LIBRE 2 PLUS	2	QL

DIABETES (cont.)		
Medication	Tier	Notes
OMNIPOD 5 G6-G7 INTRO KIT, PODS (GEN5)	2	QL
OMNIPOD 5 INTRO (G6-LIBRE 2 PLUS)	2	QL
OMNIPOD DASH INTRO KIT, PODS (GEN 4)	2	QL
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH ULTRA2 LANCET	1	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO REFLECT METER	2	
ONETOUCH VERIO TEST STRIP	2	
OZEMPIC	2	PA, QL
PARADIGM RESERVOIR 1.8 ML	1	
PARADIGM RESERVOIR 3 ML	3	
pioglitazone	1	
PRECISION XTRA KETONE-GLUCOSE KIT, MONITOR, MONITOR NFRS	3	
RELION TRUE METRIX AIR GLUCOSE METER	3	
RYBELSUS	2	PA, QL
saxagliptin	1	QL
SEMGLEE (YFGN)	2	QL
SOLIQUA 100-33	2	
SYMLINPEN	2	
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TRESIBA	2	QL
TRIJARDY XR	2	QL, ST
TRUE METRIX AIR GLUCOSE METER	3	
TRUE METRIX BLOOD GLUCOSE METER	3	
TRULICITY	2	PA, QL
TWIST REFILL, REFILL KIT, STARTER KIT	2	QL
V-GO	2	
XIGDUO XR	2	QL, ST
DIURETICS		
Medication	Tier	Notes
acetazolamide	1	

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

DIURETICS (cont.)

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

EAR MEDICATIONS

Medication	Tier	Notes
ciprofloxacin-dexamethasone	1	
CORTISPORIN-TC	3	
DERMOTIC	3	
neomycin-polymyxin-hc	1	
ofloxacin 0.3% ear drops	1	
OTOVEL	3	

ERECTILE DYSFUNCTION

Medication	Tier	Notes
CAVERJECT	3	QL
CIALIS	3	QL, ST
EDEX	3	QL
sildenafil 25 mg, 50 mg, 100 mg tablet	1	QL
STENDRA	3	QL, ST
tadalafil 2.5 mg, 5 mg, 10 mg, 20 mg tablet	1	QL
varденаfil	1	QL
VIAGRA	3	QL, ST

EYE CONDITIONS

Medication	Tier	Notes
AZASITE	2	
BESIVANCE	2	

EYE CONDITIONS (cont.)

Medication	Tier	Notes
BETOPTIC S	3	
bimatoprost drops	1	QL
brimonidine drops	1	
brimonidine-timolol	1	
brinzolamide	1	
bromfenac drops	1	
BYOOVIZ	3	SP, PA
CEQUA	2	
CIMERLI	3	SP, PA
ciprofloxacin drops	1	
cyclosporine 0.05% eye emulsion	1	
CYSTARAN	3	SP, PA, QL
difluprednate	1	
dorzolamide-timolol	1	
erythromycin ointment	1	
EYSUVIS	2	QL
fluorometholone	1	
ILEVRO	3	
INVELTYS	3	ST
latanoprost	1	
LOTEMAX 0.5% EYE OINTMENT	3	ST
LOTEMAX SM	3	ST
loteprednol	1	
MIEBO	2	QL
moxifloxacin drops	1	
neomycin-polymyxin-dexamethasone	1	
ofloxacin drops	1	
OXERVATE	3	SP, PA
polymyxin b-trimethoprim	1	
prednisolone 1% eye drops	1	
PROLENSA	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
tafluprost	1	QL
TEPEZZA	3	SP, PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

EYE CONDITIONS (cont.)		
Medication	Tier	Notes
timolol gel-solution, drops	1	
TOBRADEX EYE OINTMENT	3	
tobramycin drops	1	
tobramycin-dexamethasone	1	
travoprost	1	
TYRVAYA	2	QL
XDEMVI	2	SP, PA, QL
XIIDRA	2	
ZIRGAN	3	

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

GASTROINTESTINAL/HEARTBURN		
Medication	Tier	Notes
alosetron	1	SP
aprepitant	1	QL
APRISO	3	
balsalazide	1	
bismuth-metronidazole-tetracycline	1	
BONJESTA	3	
CHOLBAM	3	SP, PA
dexlansoprazole dr	1	QL
dicyclomine	1	
doxylamine-pyridoxine	1	QL
ENTYVIO VIAL	2	SP, PA
esomeprazole capsule, packet	1	QL
famotidine piggyback, suspension, 20 mg, 40 mg tablet, vial	1	
GATTEX	3	SP, PA
gavilyte-c	1	PPACA

GASTROINTESTINAL/HEARTBURN (cont.)		
Medication	Tier	Notes
gavilyte-g	1	PPACA
gavilyte-n	1	PPACA
hydrocortisone enema	1	
IQIRVO	2	SP, PA
lansoprazole 15 mg, 30 mg capsule, 15 mg, 30 mg tablet	1	QL
LINZESS	2	
LITHOSTAT	2	
lubiprostone	1	
mesalamine	1	
mesalamine dr	1	
mesalamine er	1	
metoclopramide	1	
MOTOFEN	3	
MOVANTIK	2	PA
NEXIUM DR 2.5 MG, 5 MG PACKET	2	QL
OCALIVA	3	SP, PA
OLPRUVA	3	SP, PA
omeprazole 10 mg, 20 mg, 40 mg capsule	1	QL
ondansetron	1	
ondansetron odt 4 mg, 8 mg tablet	1	
PANCREAZE	2	
pantoprazole	1	QL
peg 3350-electrolyte	1	PPACA
PENTASA 500 MG CAPSULE	3	
PHEBURANE	2	SP, PA, QL
prochlorperazine	1	
PROTONIX	3	QL, ST
rabeprazole tablet	1	QL
RECTIV	3	
RELISTOR SYRINGE, VIAL	3	PA
REZDIFFRA	3	SP, PA, QL
SANCUSO	3	PA, QL
scopolamine	1	

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN (cont.)

Medication	Tier	Notes
SFROWASA	3	
sodium sulfate-potassium sulfate-magnesium sulfate	1	PPACA
SUCRAID	3	SP, PA
sucralfate	1	
SYMPROIC	2	PA
TRULANCE	2	
VARUBI	3	PA, QL
VIBERZI	2	
VIOKACE	3	
VOQUEZNA TABLET	3	PA, QL
VOWST	3	SP, PA, QL
ZENPEP	2	

HORMONAL AGENTS

Medication	Tier	Notes
ACTHAR VIAL	3	SP, PA
ANGELIQ	3	
BIJUVA	3	
budesonide ec	1	
cetorelix acetate	1	SP, PA, OC
CETROTIDE	2	SP, PA, OC
COMBIPATCH	2	
CORTROPHIN	3	SP, PA
CRINONE 4% GEL	3	PA
CYTOMEL	3	
DEPO-TESTOSTERONE	3	
desmopressin ampule, vial	1	SP
desmopressin solution, 10 mcg/0.1 ml spray, tablet	1	
DUAVEE	2	
EGRIFTA SV	3	SP, PA
estradiol cream, gel packet, patch, tablet	1	QL
EVAMIST	3	
FENSOLVI	2	SP, PA

HORMONAL AGENTS (cont.)

Medication	Tier	Notes
fyremadel	1	SP, PA, OC
ganirelix	1	SP, PA, OC
GENOTROPIN	2	SP, PA
INTRAROSA	3	QL
levoxyl	1	
liothyronine	1	
LUPRON DEPOT 3.75 MG KIT, 11.25 MG 3 MO KIT	2	SP, PA
lyllana	1	QL
medroxyprogesterone tablet	1	
MENOSTAR	3	QL
methimazole	1	
methylprednisolone dosepack, tablet, vial	1	
mimvey	1	
MYFEMBREE	2	PA, QL
NGENLA	2	SP, PA
norethindrone 5 mg tablet	1	
OMNITROPE	2	SP, PA
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
OSPHENA	3	QL
prednisolone	1	
prednisone	1	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
progesterone capsule	1	
RAYALDEE	3	
SANDOSTATIN LAR DEPOT	3	SP, PA
SOMATULINE DEPOT	2	SP, PA
SOMAVERT	2	SP, PA
testosterone gel, gel pump, packet	1	PA, QL
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml	1	

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

HORMONAL AGENTS (cont.)

Medication	Tier	Notes
thyroid	1	
TRIPTODUR	2	SP, PA
unithroid	3	
yuvaferm	1	QL

INFECTIONS

Medication	Tier	Notes
acyclovir capsule, oral suspension, tablet	1	
albendazole	1	
amoxicillin	1	
amoxicillin-clavulanate	1	
ARIKAYCE	3	SP, PA
atovaquone	1	
atovaquone-proguanil	1	
azithromycin	1	
BARACLUDE ORAL SOLUTION	2	SP
BAXDELA	3	PA
BEYFORTUS	3	PPACA
BICILLIN L-A	3	
CAYSTON	3	SP, PA, QL
cefdinir	1	
cefpodoxime	1	
cefuroxime	1	
cephalexin	1	
CIPRO SUSPENSION	2	
ciprofloxacin oral suspension, tablet	1	
clindamycin capsule, oral solution, vaginal cream, vial	1	
CRESEMBA	3	PA
croton	1	
DIFICID	3	QL
doxycycline monohydrate	1	
EMVERM	1	
entecavir	1	SP, QL
EPCLUSA	2	SP, PA, QL

INFECTIONS (cont.)

Medication	Tier	Notes
erythromycin capsule, tablet	1	
famciclovir	1	
fluconazole	1	
flucytosine	1	
fosfomycin	1	
HARVONI	2	SP, PA, QL
hydroxychloroquine	1	
IMPAVIDO	3	PA
itraconazole	1	
KITABIS PAK	3	SP, PA, QL
LAGEVRIO (EUA)	2	QL
levofloxacin oral solution, tablet, vial	1	
LIKMEZ	3	PA
LIVTENCITY	3	SP, PA, QL
MACROBID	3	
methenamine	1	
metronidazole capsule, intravenous solution, tablet, vaginal gel	1	
minocycline	1	
mondoxyme nl	1	
morgidox capsule	1	
nitazoxanide	1	
nitrofurantoin capsule, 25 mg/5 ml suspension	1	
NUZYRA	3	SP, PA, QL
nystatin oral suspension, tablet	1	
oseltamivir	1	QL
PAXLOVID	2	QL
PEGASYS	2	SP, PA
penicillin v potassium	1	
posaconazole	1	
PREVYMIS	3	SP
PRIFTIN	3	
pyrimethamine	1	PA
SIVEXTRO	3	PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

INFECTIONS (cont.)		
Medication	Tier	Notes
sulfamethoxazole-tmp oral suspension, tablet, vial	1	
SYNAGIS	3	SP, PA
terbinafine tablet	1	
TOBI PODHALER	2	SP, PA, QL
tobramycin ampule	1	SP, PA, QL
valacyclovir	1	
valganciclovir	1	
VALTREX	3	
vancomycin capsule, oral solution, vial	1	
VANCOMYCIN 1.75 GM, 2 GM VIAL	3	
vandazole	1	
VEMLIDY	2	SP
VIVJOA	3	SP, PA
VOSEVI	2	SP, PA, QL
XENLETA	3	PA, QL
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	2	SP, PA, QL
ZITHROMAX	3	
ZYVOX ORAL SOLUTION, TABLET	3	PA
INFERTILITY		
Medication	Tier	Notes

clomiphene	1	OC
CRINONE 8% GEL	2	OC
ENDOMETRIN	2	OC
FOLLISTIM AQ	3	SP, PA, OC
GONAL-F	2	SP, PA, OC
GONAL-F RFF	2	SP, PA, OC
GONAL-F RFF REDI-JECT	2	SP, PA, OC
MENOPUR	3	SP, PA, OC
NOVAREL	2	SP, PA, OC
OVIDREL	2	SP, PA, OC
PREGNYL	2	SP, PA, OC

MISCELLANEOUS		
Medication	Tier	Notes
acamprosate	1	
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ADDYI	3	QL
AUSTEDO	3	SP, PA
AUSTEDO XR	3	SP, PA, QL
AUSTEDO XR TITRATION KIT	3	SP, PA, QL
BOTOX	3	SP, PA
CARBAGLU	3	SP
CERDELGA	2	SP, PA
CEREZYME	3	SP, PA
cinacalcet	1	SP
CINRYZE	3	SP, PA
deferasirox	1	SP
deferiprone	1	SP, PA
DROPLET LANCET	1	
DYSPORT	3	SP, PA
ELFABRIO	3	SP, PA
EVRYSDI SOLUTION	3	SP, PA
FABRAZYME	3	SP, PA
GALAFOLD	3	SP, PA
HAEGARDA	3	SP, PA
INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	3	SP, PA, QL
MICROLET	1	
MYALEPT	3	SP, PA
NITYR	2	SP, PA
NUEDEXTA	3	QL
ONETOUCH DELICA PLUS LANCET	1	
ONETOUCH ULTRASOFT 2 LANCET	1	
ORFADIN	3	SP, PA
PALYNZIQ	3	SP, PA
PRECISION XTR B-KETONE STRIP	3	
RADICAVA ORS	3	SP, PA, QL
RUCONEST	3	SP, PA
sapropterin	1	SP, PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

MISCELLANEOUS (cont.)

Medication	Tier	Notes
sodium chloride irrigation solution, vial	1	
SPINRAZA	3	SP, PA
STRENSIQ	2	SP, PA
TECHLITE LANCET	1	
TEGLUTIK	3	SP, PA
TEGSEDI	3	SP, PA
TIGLUTIK	3	SP, PA
TRUEPLUS KETONE TEST STRIP	3	
VEOZAH	3	QL
VIVITROL	2	SP
VOXZOGO	3	SP, PA
VYLEESI	3	SP, PA, QL
VYNDAMAX	3	SP, PA, QL
VYNDAQEL	3	SP, PA, QL
VYVGART HYTRULO	3	SP, PA

MULTIPLE SCLEROSIS

Medication	Tier	Notes
AVONEX	2	SP, PA
BAFIERTAM	2	SP, PA
BETASERON	2	SP, PA
dalfampridine er	1	SP, PA
dimethyl	1	SP
fingolimod	1	SP
FIRDAPSE	3	SP, PA, QL
glatopa	1	SP
KESIMPTA PEN	2	SP, PA
MAVENCLAD	3	SP, PA
MAYZENT	2	SP, PA
OCREVUS	2	SP, PA
OCREVUS ZUNOVO	2	SP, PA
PLEGRIDY	2	SP, PA
REBIF	2	SP, PA
REBIF REBIDOSE	2	SP, PA
teriflunomide	1	SP
TYSABRI	3	SP, PA

MULTIPLE SCLEROSIS (cont.)

Medication	Tier	Notes
VUMERITY	2	SP, PA

NUTRITIONAL/DIETARY

Medication	Tier	Notes
ACCRUFER	3	
AURYXIA	3	QL
calcitriol ampule, capsule, oral solution, vial	1	
cyanocobalamin	1	
CYSTADANE	3	SP
dodex	1	
EFFER-K 10 MEQ, 20 MEQ	3	
FLORIVA TABLET	3	PPACA
fluoride	1	PPACA
folic acid 1 mg, 1000 mcg tablet, 5 mg/ml, 50 mg/10 ml vial	1	
INJECTAFER	3	PA
lanthanum	1	
LOKELMA	2	
ludent fluoride	1	PPACA
MONOFERRIC	3	PA
multi-vitamin-fluoride-iron	1	PPACA
multivitamin-fluoride	1	PPACA
multivitamin-iron-fluoride	1	PPACA
mvc-fluoride	3	PPACA
NEEVO DHA	2	
OB COMPLETE CAPLET	3	
OB COMPLETE ONE, PETITE, PREMIER, WITH DHA	2	
POLY-VI-FLOR	3	PPACA
POLY-VI-FLOR WITH IRON 0.5 MG CHEWABLE TABLET	3	PPACA
potassium chloride liquid, packet, intravenous solution, vial	1	
PRENATE	2	
PRIMACARE	2	
QUFLORA PED DROPS, 1 MG CHEWABLE TABLET	3	PPACA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

NUTRITIONAL/DIETARY (cont.)

Medication	Tier	Notes
sevelamer	1	
sodium fluoride drops, tablet	1	PPACA
soluvita 0.5 mg/ml drops	1	PPACA
soluvita a,c,d with fluoride	1	PPACA
SOLUVITA MULTIVITAMIN FLUORIDE	3	PPACA
tri-vitamin with fluoride	1	PPACA
tri-vite with fluoride	1	PPACA
VELPHORO	2	
VELTASSA	2	
VITAFOL GUMMIES, ULTRA	2	
VITAFOL-ONE	2	
vitamin d2 1.25 mg (50,000 unit)	1	
vitamins a,c,d and fluoride	1	PPACA

OSTEOPOROSIS PRODUCTS

Medication	Tier	Notes
alendronate	1	
BINOSTO	3	ST
EVENITY (2 SYRINGES)	3	SP, PA, QL
ibandronate syringe, vial	1	SP
ibandronate tablet	1	
PROLIA	3	SP, PA
raloxifene	1	PPACA
teriparatide 600 mcg/2.4 ml pen	1	SP, PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE

Medication	Tier	Notes
acetaminophen-codeine	1	PA
ACTEMRA ACTPEN, SYRINGE	2	SP, PA, QL
ACTEMRA VIAL	2	SP, PA
ADALIMUMAB-ADAZ(CF)	2	SP, PA, QL
ADALIMUMAB-ADB(M)(CF)	2	SP, PA, QL
AIMOVIG	2	PA
AJOVY	2	PA
ARCALYST	3	SP, PA
AVSOLA	2	SP, PA
BELBUCA	2	QL

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

Medication	Tier	Notes
BENLYSTA	3	SP, PA
BIMZELX	3	SP, PA, QL
buprenorphine	1	QL
butalbital-acetaminophen-caffeine	1	QL
celecoxib	1	QL
CIMZIA	2	SP, PA, QL
colchicine	1	
COSENTYX PEN, SYRINGE	3	SP, PA
cyclobenzaprine tablet	1	
CYLTEZO(CF)	2	SP, PA, QL
diclofenac 1% gel, tablet	1	QL
DUPIXENT	2	SP, PA
DUROLANE	2	SP, PA
eletriptan	1	QL
EMGALITY	2	PA
ENBREL	2	SP, PA, QL
ENBREL MINI	2	SP, PA, QL
ENBREL SURECLICK	2	SP, PA, QL
ENSPRYNG	3	SP, PA
EUFLEXXA	2	SP, PA
febuxostat	1	QL
fentanyl	1	PA
FLECTOR	2	PA, QL
GEL-ONE	1	SP, PA
GELSYN-3	2	SP, PA
GRALISE ER 300 MG, 600 MG TABLET	3	
HUMIRA	2	SP, PA, QL
HYALGAN	2	SP, PA
hydrocodone-acetaminophen	2	PA
hydromorphone ampule, cartridge, oral solution, suppository; 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml syringe; tablet; 2 mg/ml, 10 mg/ml, 50 mg/5 ml, 500 mg/5 ml vial	1	PA
HYMOVIS	3	SP, PA
HYSINGLA ER	2	SP, PA
ibuprofen	1	

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
Medication	Tier	Notes
ILARIS	3	SP, PA
ILUMYA	2	SP, PA, QL
indomethacin 25 mg, 50 mg capsule, suspension, 50 mg suppository	3	
INFLECTRA	2	SP, PA
JOURNAVX	3	QL
ketorolac carpject, syringe, tablet, vial	1	QL
KEVZARA	3	SP, PA, QL
KINERET	3	SP, PA, QL
KRYSTEXXA	3	SP, PA
leflunomide	1	
LICART	2	PA, QL
lidocaine viscous	1	
lidocaine-prilocaine	1	
meloxicam tablet	1	
MITIGARE	2	
MONOVISC	3	SP, PA
morphine er	1	PA
NUCYNTA	2	PA
NUCYNTA ER	3	PA
NURTEC ODT	2	PA, QL
OLUMIANT	3	SP, PA, QL
OMVOH	2	SP, PA, QL
ORENCIA CLICKJECT, SYRINGE	3	SP, PA, QL
ORENCIA VIAL	3	SP, PA
ORTHOVISC	3	SP, PA
OTEZLA	2	SP, PA, QL
OXAYDO	3	PA
oxycodone	1	PA
PROCTOFOAM-HC	2	
prolate tablet	1	PA
QULIPTA	2	PA, QL
RASUVO	2	ST
RENFLEXIS	3	SP, PA
REYVOW	3	PA, QL
RINVOQ ER	2	SP, PA, QL

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
Medication	Tier	Notes
RINVOQ LQ	2	SP, PA, QL
rizatriptan	1	QL
ROXYBOND	3	PA
SAVELLA	2	
SELSARSDI SYRINGE, VIAL	2	SP, PA, QL
SILIQ	3	SP, PA, QL
SIMLANDI(CF)	2	SP, PA, QL
SIMPONI 50 MG/0.5 ML PEN INJECTOR, SYRINGE	3	SP, PA, QL
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	2	SP, PA, QL
SIMPONI ARIA	2	SP, PA
SKYRIZI	2	SP, PA, QL
SOTYKTU	2	SP, PA, QL
STELARA SYRINGE, VIAL	2	SP, PA, QL
sumatriptan	1	QL
SUPARTZ FX	3	SP, PA
SYNVISC	3	SP, PA
SYNVISC-ONE	3	SP, PA
TALTZ	2	SP, PA, QL
tanlor	1	
tramadol 50 mg, 100 mg tablet	1	QL
TREMFYA	2	SP, PA, QL
TRILURON	3	SP, PA
TYENNE	2	SP, PA, QL
UBRELVY	2	PA, QL
vanadom	1	
VELSIPITY	2	SP, PA, QL
VISCO-3	3	SP, PA
XELJANZ	2	SP, PA, QL
XELJANZ XR	2	SP, PA, QL
XIAFLEX	3	SP, PA
XTAMPZA ER	2	PA
YESINTEK	2	SP, PA, QL
ZEPOSIA	2	SP, PA
ZTLIDO	2	

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

PARKINSON'S DISEASE

Medication	Tier	Notes
APOKYN	3	SP, PA
benztropine	1	
carbidopa-levodopa	1	
CREXONT	3	ST
DUOPA	3	SP
INBRIJA	3	SP, PA
NEUPRO	3	
NOURIANZ	3	SP, PA, QL
pramipexole	1	QL
ropinirole	1	
RYTARY	3	ST
XADAGO	3	ST

SCHIZOPHRENIA/ANTI-PSYCHOTICS²

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont.)²

Medication	Tier	Notes
risperidone	1	
RYKINDO	3	QL
SECUADO	3	ST
SEROQUEL	3	ST
UZEDY	3	QL
VRAYLAR	3	QL
ziprasidone	1	

SEIZURE DISORDERS

Medication	Tier	Notes
APTOM	3	PA, QL
BRIVIACT	3	PA
carbamazepine er	1	
clonazepam	1	
DILANTIN	3	PA
divalproex	1	
divalproex er	1	
EPIDIOLEX	3	SP, PA
FINTEPLA	3	SP, PA
FYCOMPA	2	PA, QL
gabapentin	1	
KLONOPIN	3	PA
lacosamide	1	
lamotrigine er	1	
lamotrigine odt	1	
levetiracetam er	1	
LYRICA ORAL SOLUTION	3	PA
NAYZILAM	2	PA, QL
ONFI	3	PA
oxcarbazepine	1	
OXTELLAR XR	3	PA
PHENYTEK	3	PA
pregabalin	1	
roweepra	1	
SPRITAM	3	PA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

SEIZURE DISORDERS (cont.)		
Medication	Tier	Notes
subvenite	1	
TEGRETOL XR	3	PA
topiramate 15 mg, 25 mg capsule, tablet	1	
topiramate er	1	QL
VALTOCO	3	PA, QL
vigpoder	1	SP
VIMPAT SOLUTION	2	
VIMPAT VIAL	3	
XCOPRI	3	PA, QL

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

SKIN CONDITIONS (cont.)		
Medication	Tier	Notes
neuac gel	1	
OPZELURA	3	PA
pimecrolimus	1	
PRAMOSONE 1%-1% CREAM, 1% LOTION, 1%-1%, 2.5%-1% OINTMENT	2	
PRAMOSONE 2.5%-1% CREAM, 2.5%-1% LOTION	3	
REGRANEX	3	PA, QL
rosadan cream, gel	1	
SANTYL	2	QL
sodium sulfacetamide-sulfur 9.8-4.8%, 10-2%, 10-5% cleanser; cream, lotion, pad; 8-4%, 10-5% topical suspension; wash	1	
SOOLANTRA	3	
sulfacleanse 8-4	1	
tacrolimus ointment	1	
tazarotene cream, gel	1	
tretinoin	1	PA, AGE
triderm	1	
TWYNEO	3	
VECTICAL	3	QL
XEPI	3	
zenatane	1	
ZORYVE 0.15% CREAM	2	QL, ST

SLEEP DISORDERS/SEDATIVES		
Medication	Tier	Notes
DAYVIGO	2	QL, ST
doxepin tablet	1	QL
eszopiclone	1	
LUMRYZ	3	SP, PA, QL
modafinil	1	PA
SODIUM OXYBATE (by Hikma)	3	SP, PA, QL
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	SP, PA, QL
XYWAV	3	SP, PA, QL

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics
Tier 2 – Preferred Brands
Tier 3 – Non-Preferred Brands

PA – Prior Authorization
QL – Quantity Limit
ST – Step Therapy

AGE – Age Requirement
SP – Specialty Medication
PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

SLEEP DISORDERS/SEDATIVES (cont.)

Medication	Tier	Notes
zolpidem sublingual tablet, tablet	1	
zolpidem er	1	QL

SMOKING CESSATION²

Medication	Tier	Notes
APO-VARENICLINE	3	
bupropion sr 150 mg	1	PPACA
NICOTROL NS	2	PPACA
varenicline	1	PPACA

SUBSTANCE ABUSE

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

TRANSPLANT MEDICATIONS

Medication	Tier	Notes
ENVARUSUS XR	3	SP
everolimus 0.25 mg, 0.5 mg, 0.75 mg, 1 mg tablet	1	SP
LUPKYNIS	3	SP, PA, QL
mycophenolate	1	SP
mycophenolic acid	1	SP
PROGRAF AMPULE	2	SP
PROGRAF GRANULE PACKET	3	SP
REZUROCK	3	SP, PA
sirolimus	1	SP
tacrolimus capsule	1	SP

URINARY TRACT CONDITIONS

Medication	Tier	Notes
alfuzosin er	1	
cevimeline	1	
dutasteride	1	
ELMIRON	2	
finasteride 5 mg tablet	1	
K-PHOS NO.2	2	
K-PHOS ORIGINAL	2	
mirabegron er	1	QL
oxybutynin er	1	
phenazopyridi 100 mg, 200 mg tablet	1	
potassium er 5 meq, 10 meq, 15 meq tablet	1	
RAPAFLO	3	QL
solifenacin	1	QL
tamsulosin	1	
tolterodine er	1	QL
trospium er	1	

VACCINES

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

Medication	Tier	Notes
ABRYSVO	3	PPACA
ACTHIB	3	PPACA
ADACEL TDAP	3	PPACA
AFLURIA	3	PPACA
AREXVY	3	PPACA
BEXSERO	3	PPACA
BOOSTRIX TDAP	3	PPACA
CAPVAXIVE	3	PPACA
COMIRNATY	3	PPACA
DAPTACEL DTAP	3	PPACA
DENGAXIA	3	PPACA
ENGRIX-B	3	PPACA
FLUAD	3	PPACA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Performance 3-Tier Prescription Drug List

VACCINES (cont.)

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

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

VACCINES (cont.)

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

Medication	Tier	Notes
SHINGRIX	3	QL, PPACA
SPIKEVAX	3	PPACA
TDVAX	3	PPACA
TENIVAC	3	PPACA
TRUMENBA	3	PPACA
TWINRIX	3	PPACA
VARIVAX	3	PPACA
VAXELIS	3	PPACA
VAXNEUVANCE	3	PPACA

VITAMINS

Medication	Tier	Notes
CITRANATAL	3	
POLY-VI-FLOR	3	PPACA
POLY-VI-FLOR WITH IRON	3	PPACA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Frequently Asked Questions (FAQs)

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

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

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

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

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

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

A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives that can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

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

Q. How do you decide which medications to cover?

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

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

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

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

Q. How do I know if a medication needs approval?

A. Check your drug list or log in to the myCigna App or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, it needs approval before your plan will cover it.
- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time.
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

Q. What types of medications usually need approval?

A. Medications that:

- May not be safe when you take them with other medications.

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

- Have lower-cost alternatives that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

Q. What types of medications usually have quantity limits?

A. Medications that are often:

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

Q. What medications are part of Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

We'll review the information your doctor sends us to make sure you meet coverage requirements for the medication. We'll send you and your doctor a letter

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

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

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

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

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

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

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

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

A. Yes.

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

A. We review all recently approved medications and products to see if they should be covered, and if so, at what cost-share (tier). These include, but are not limited to, medications, medical supplies and/or

Frequently Asked Questions (FAQs) (cont.)

devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

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

Q. What are preventive medications?

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

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

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

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

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

A. When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or even before you leave your doctor's office.⁴

Q. What's a cost-share?

A. It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

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

A. You should think about using a medication that's covered on a lower tier, such as a generic or preferred brand medication, or by filling a 90-day supply (if your plan allows). Ask your doctor if one of these options may work for you.

Q. What's a generic medication?

A. A generic medication is the same as (or equal to) the brand-name medication. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and usually costs less.³ Generics are usually sold under their chemical or scientific name, instead of the brand name.

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.³

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

- A.** The generic and brand-name medication may³:
- Look different. For example, generics may have a different shape, size or color than their brand-name versions.
 - Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

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

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

A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan

Frequently Asked Questions (FAQs) (cont.)

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.⁵

Fill maintenance medications through Express Scripts Pharmacy by Evernorth®

Express Scripts Pharmacy is a convenient option when you're using a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.⁶
- Fill up to a 90-day supply at one time.
- Talk with a pharmacist, 24/7.
- Sign up for automatic refills or refill reminders so you don't miss a dose.⁷
- Use their payment plan (if you need it).

Here are two easy ways to get started:

1. **Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or,
2. **By phone.**
 - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or,
 - Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

Fill specialty medications through Accredo by Evernorth®

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

Cigna.com/specialty.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.⁶
- Sign up for refills and reminders. Some refills can be done by text.⁸
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

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

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

A. Use the online tools and resources on the myCigna App or **myCigna.com**. You can find out how much your medication costs (and what lower-cost options may be available), see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details, and more. You can also manage your home delivery orders.

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 Healthcare.
 - Implantable contraceptive devices covered under the Plan's medical benefit.
 - Medications that are not medically necessary.
 - Experimental or investigational medications, including U.S. Food and Drug Administration (FDA)-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication.
 - Medications that are not approved by the FDA.
 - Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
 - Medications used for fertility,¹⁰ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,¹⁰ or athletic enhancement.
 - Prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products.
 - Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
 - Replacement of prescription medications and related supplies due to loss or theft.
 - Medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
 - Prescriptions more than one year from the date of issue.
 - Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
 - More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
 - Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.
- In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna Healthcare as medically necessary.

Cigna Healthcare reserves the right to make changes to the drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna Healthcare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, smoking cessation, attention deficit hyperactivity disorder (ADHD) and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plan covers these medications, log in to the myCigna App or myCigna.com, or call the number on your ID card.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. **Not all plans offer Express Scripts Pharmacy and Accredo as covered pharmacy options.** Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare, Evernorth, Express Scripts and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network (as your plan allows).
6. Your plan pays the cost for standard shipping.
7. Express Scripts Pharmacy can automatically refill certain medications. Log in to the myCigna App or myCigna.com, or call 800.835.3784, to sign up. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
8. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.
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. **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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

932539 n Performance 3-Tier 06/25 © 2025 Cigna Healthcare.

Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

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

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

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

Cigna Healthcare

Nondiscrimination Complaint Coordinator
P.O. Box 188016
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. 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., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, 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). ATENCION: Si usted habla un idioma que no sea ingles, tiene a su disposici6n servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al numero que figura en el reverso de su tarjeta de identificaci6n. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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