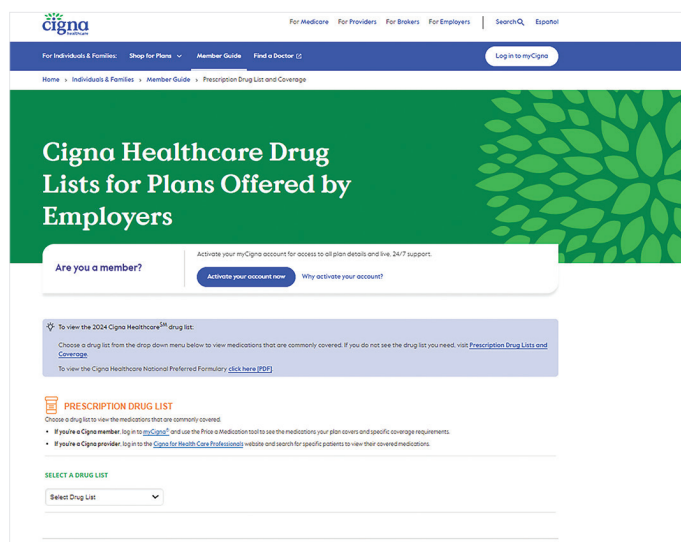


View your new drug list online.

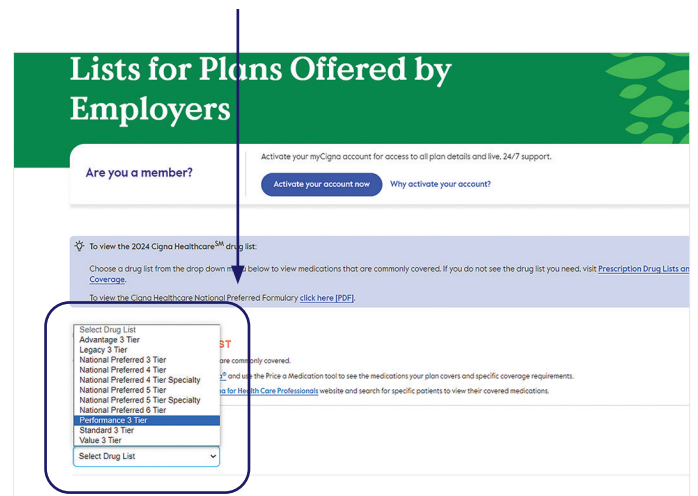
Use the CignaHealthcare.com medication search tool.

With a few simple clicks, you can easily see which medications your Cigna HealthcareSM pharmacy plan covers.

1. Go to **Cigna.com/druglist**.



2. Scroll down to the **Select a Drug List** section. Open up the drop-down menu and click on the name of your drug list.



All disclosures appear at the end of this document



3. Choose how you want to look for a medication.

Coverage

To view the Cigna Healthcare National Preferred Formulary [click here \[PDF\]](#)

PRESCRIPTION DRUG LIST

Choose a drug list to view the medications that are commonly covered.

- If you're a Cigna member, log in to [myCigna®](#) and use the Price a Medication tool to see the medications your plan covers and specific coverage requirements.
- If you're a Cigna provider, log in to the [Cigna for Health Care Professionals](#) website and search for specific patients to view their covered medications.

SELECT A DRUG LIST

Performance 3 Tier

CHOOSE A SEARCH METHOD

Enter a Prescription Drug Name:

SEARCH RESET

OR

View A-Z/9-9 Drug List

Type your medication name into the search bar and select it from the drop-down menu

• If you're a Cigna provider, log in to the [Cigna for Health Care Professionals](#) website and search for specific patients to view the

SELECT A DRUG LIST

Performance 3 Tier

CHOOSE A SEARCH METHOD

Enter a Prescription Drug Name:

Adderall

Suggested Drug Names:

ADDERALL

ADDERALL XR

OR

or

Click **View A-Z/O-9 Drug List** to see an alphabetical list of all medications on the drug list.

RESULTS

Here is the complete drug list for Performance 3 Tier

Filter by Drug Name's First Letter: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0-9

Drug Name	Strength	Dosage Form	Class / Type	Tier	Notes
A-KIND D		ORAL (S)	ESSENTIALS	1 - Generic	EX
A-KIND D DIAPER RASH	1 to 10 N	CREAM (S)	PROTECTIVES	3 - Non-Preferred Brand	EX
A-TORU 2 (Cigna Formulary Listed)	8-200-600	TABLET	MULTIVITAMIN PREPARATIONS	1 - Generic	EX
A-TORU 2	10-800-200	TABLET	MULTIVITAMIN PREPARATIONS	1 - Generic	EX
A-TORU 2		TABLET	GERIATRIC VITAMIN PREPARATIONS	1 - Generic	EX
A-TORU 2 ADVANCED FORMULA	1800-2-010	TABLET	MULTIVITAMIN PREPARATIONS	1 - Generic	EX

4. See how your medication is covered.

The **Notes and Acronyms Definitions** section at the bottom of the chart gives more information about how the medication is covered and any extra coverage requirements.

SEARCH RESET

View A-Z/9-9 Drug List

RESULTS

Here are your results for the search: **ADDERALL XR** (Cigna Formulary Listed)

Drug Name	Strength	Dosage Form	Class / Type	Tier	Notes
ADDERALL XR	20 MG	CAP ER 24H	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3 - Non-Preferred Brand	OL, NC
ADDERALL XR	20 MG	CAP ER 24H	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3 - Non-Preferred Brand	OL, NC
ADDERALL XR	25 MG	CAP ER 24H	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3 - Non-Preferred Brand	OL, NC
ADDERALL XR	10 MG	CAP ER 24H	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3 - Non-Preferred Brand	OL, NC
ADDERALL XR	15 MG	CAP ER 24H	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3 - Non-Preferred Brand	OL, NC
ADDERALL XR	5 MG	CAP ER 24H	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	3 - Non-Preferred Brand	OL, NC

Notes and Acronym Definitions

This list of definitions applies to the acronyms found in the "Notes" column in the Results section above.

- OL: Quantity Limit (Maximum amount number of pills that will be approved at one time)
- NC: Not Covered (This drug is not covered on your plan. Please contact your physician for assistance or alternatives. Your prescription drug plan requires approval by Cigna for this drug covered.)



All images are for illustrative purposes only.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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