

Medication Coverage Changes

For 2026

These are the changes we're making to the Cigna Healthcare® Prescription Drug Lists in 2026! Medications are listed alphabetically by drug list name.

If one of your patients has Cigna Healthcare-administered benefits and is affected by one of these changes, we'll send you and your patient a letter with specific information on next steps.

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Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	This medication will: <ul style="list-style-type: none"> • Be added to the drug list as a non-preferred brand (Tier 3) and • Require Step Therapy²
	ZAVZPRET	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/Bipolar Disorder	This medication will: <ul style="list-style-type: none"> • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier or be non-preferred.

These medications may cost you more to fill. There are lower-cost medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 15	JATENZO	Hormonal Agents	3	testosterone cypionate, gel
July 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	NARCAN	Substance Abuse	3	naloxone
May 15	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
May 1	GEMTESA	Urinary Tract Conditions	3	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
July 15	JATENZO	Hormonal Agents
July 1	AQVESME	Blood Modifiers/Bleeding Disorders
	VOYXACT	Miscellaneous
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
May 1	ZAVZPRET	Pain Relief and Inflammatory Disease
April 24	octreotide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease

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

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² (cont.)

Date Change Starts	Medication Name	Drug Class
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
	LYNKUET	Miscellaneous
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 15	ANZUPGO	Skin Conditions
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	ZORYVE 0.3% CREAM	Skin Conditions
	ZORYVE 0.3% FOAM	Skin Conditions
January 1	liraglutide	Diabetes

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
July 15	JATENZO	Hormonal Agents
July 1	AQVESME	Blood Modifiers/Bleeding Disorders
	VTAMA	Skin Conditions
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	MODEYSO	Cancer

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Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
July 1	VTAMA	Skin Conditions	Talk with your doctor about other options.
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	Talk with your doctor about other options.
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, monodoxyne nl

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	dexlansoprazole	Gastrointestinal/Heartburn	lansoprazole
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/Heartburn	lactulose oral solution
	MYDAYIS ¹²	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine er
	opium tincture ¹³	Gastrointestinal/Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	PROLENSA	Eye Conditions	bromfenac eye drops
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG VIAL ¹³	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

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

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	VIMPAT ORAL SOLUTION ²	Seizure Disorders	lacosamide oral solution
	ZORTRESS	Transplant Medications	everolimus
June 1	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine, SAVELLA
	VYSCOXIA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPAL	Infections	fosfomicin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline

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Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 15	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide

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

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ARICEPT	Alzheimer's Disease	donepezil
	AVALIDE ⁴	Blood Pressure/ Heart Medications	irbesartan-hctz
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CLARINEX	Allergy/Nasal Sprays	desloratadine
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	HYZAAR ⁴	Blood Pressure/ Heart Medications	losartan-hctz
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	MICARDIS ⁴	Blood Pressure/ Heart Medications	telmisartan
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PREVACID DR ⁴	Gastrointestinal/Heartburn	lansoprazole

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Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	PROSCAR	Urinary Tract Conditions	finasteride
	PROTONIX ⁴	Gastrointestinal/Heartburn	pantoprazole
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TRIBENZOR	Blood Pressure/ Heart Medications	olmesartan-amlodipine-hctz
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ¹⁵	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA ¹⁵	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ¹⁵	Osteoporosis Products	WYOST, BILPREVDA
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

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Cigna Healthcare Standard Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
June 1	VTAMA	Skin Conditions
February 1	lenalidomide	Cancer

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

Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	This medication will: <ul style="list-style-type: none"> • Be added to the drug list as a non-preferred brand (Tier 3) and • Require Step Therapy²
	ZAVZPRET	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 3)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	BILDYOS	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	BILPREVDA	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	IMCIVREE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
February 15	AVTOZMA	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will move to a lower tier/be preferred or be added to the drug list. (cont)

Date Change Starts	Medication Name	Drug Class	More Information
January 1	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: <ul style="list-style-type: none"> • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will be covered on a higher tier.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 15	JATENZO	Hormonal Agents	3	testosterone cypionate, gel
July 1	NARCAN	Substance Use Disorder	3	naloxone
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk to your doctor about other options.
	LYMPHIR	Cancer	3	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
May 15	HYRNUO	Cancer	3	Talk to your doctor about other options.
	KOMZIFTI	Cancer	3	Talk to your doctor about other options.
May 1	GEMTESA	Urinary Tract Conditions	3	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium

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Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will be covered on a higher tier. (cont)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	LYNKUET	Miscellaneous	3	Talk to your doctor about other options.
March 1	INLURIYO	Cancer	3	ZIRABEV, MVASI
February 15	KYXATA	Cancer	3	generic carboplatin
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 1	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
June 15	JATENZO	Hormonal Agents
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	LYMPHIR	Cancer
	VOYXACT	Miscellaneous
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
May 1	ZAVZPRET	Pain Relief and Inflammatory Disease
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
	RYBREVANT FASPRO	Cancer
March 1	BILDYOS	Osteoporosis Products
	BILPREVDA	Osteoporosis Products
	IMCIVREE	Weight Management
	JOBEVNE	Cancer

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Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² (cont)

Date Change Starts	Medication Name	Drug Class
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	AVTOZMA	Pain Relief and Inflammatory Disease
	KYXATA	Cancer
February 1	HERNEXEOS	Cancer
January 15	ANZUPGO	Skin Conditions
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	ZORYVE 0.3% CREAM	Skin Conditions
	ZORYVE 0.3% FOAM	Skin Conditions
January 1	liraglutide	Diabetes

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 15	JATENZO	Hormonal Agents
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	VTAMA	Skin Conditions
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
	LYNKUET	Miscellaneous
March 1	IMCIVREE	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	MODEYSO	Cancer

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
June 1	VTAMA	Skin Conditions	Talk with your doctor about other options.
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	Talk with your doctor about other options.
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, monodoxyne nl

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ACTEMRA IV ¹²	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	AUKELSO	Osteoporosis Products	WYOST, BILPREVDA
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BOSAYA	Osteoporosis Products	JUBBONTI, BILDYOS
	dexlansoprazole	Gastrointestinal/Heartburn	lansoprazole
	ENOBY	Osteoporosis Products	JUBBONTI, BILDYOS
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/Heartburn	lactulose oral solution
	MYDAYIS ¹³	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine er

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	opium tincture ¹⁴	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	PROLENSA	Eye Conditions	bromfenac eye drops
	PROLIA ¹⁴	Osteoporosis Products	JUBBONTI, BILDYOS
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG VIAL ¹⁴	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION ¹³	Seizure Disorders	lacosamide oral solution
	XGEVA ¹²	Osteoporosis Products	WYOST, BILPREVDA
	XTRENBO	Osteoporosis Products	WYOST, BILPREVDA
	ZORTRESS	Transplant Medications	everolimus
June 1	EXDENSUR	Asthma/COPD/Respiratory	Talk to your doctor about other options.
	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersible tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
April 15	GLEOSTINE	Cancer	lomustine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine, SAVELLA
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	BEIZRAY	Cancer	docetaxel
	BEIZRAY-ALBUMIN	Cancer	docetaxel
	KEYTRUDA QLEX	Cancer	KEYTRUDA IV
	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
February 1	REVLIMID	Cancer	lenalidomide
January 15	AVGEMSI	Cancer	generic gemcitabine
	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	AVALIDE ⁴	Blood Pressure/ Heart Medications	irbesartan-hctz
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CLARINEX	Allergy/Nasal Sprays	desloratadine
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
HETLIOZ ⁶	Sleep Disorders	tasimelteon	

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	HYZAAR ⁴	Blood Pressure/ Heart Medications	losartan-hctz
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	MICARDIS ⁴	Blood Pressure/ Heart Medications	telmisartan
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PREVACID DR ⁴	Gastrointestinal/Heartburn	lansoprazole
	PROSCAR	Urinary Tract Conditions	finasteride
	PROTONIX ⁴	Gastrointestinal/Heartburn	pantoprazole
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	STELARA 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TRIBENZOR	Blood Pressure/ Heart Medications	olmesartan-amlodipine-hctz
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib
	USTEKINUMAB 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	ELIGARD
	VELCADE ⁷	Cancer	bortezomib

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ¹²	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	LYMPHIR	Cancer	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
	PROLIA ¹²	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ¹²	Osteoporosis Products	WYOST, BILPREVDA
April 1	RYBREVANT FASPRO	Cancer	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	ZIRABEV, MVASI
February 15	KYXATA	Cancer	generic carboplatin
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
April 24	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
May 14	REZZAYO	Infections
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
sunitinib	Cancer	
temozolomide capsule	Cancer	
tenofovir disoproxil fumarate	AIDS/HIV	
torpenz	Cancer	

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
February 1	lenalidomide	Cancer

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

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will be covered on a higher tier or be non-preferred.

These medications may cost you more to fill. There are lower-cost medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	NARCAN	Substance Use Disorder	3	naloxone
June 1	AQVESME	Blood Modifiers/Bleeding Disorders	3	Talk to your doctor about other options.
May 15	HYRNUO	Cancer	3	Talk to your doctor about other options.
	KOMZIFTI	Cancer	3	Talk to your doctor about other options.
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide

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

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier or be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	VOYXACT	Miscellaneous
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
January 1	liraglutide	Diabetes

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

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
	MODEYSO	Cancer
January 23	ZURNAI	Substance Abuse

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	GEMTESA	Urinary Tract Conditions	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

Medications that will no longer be covered – and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ACTEMRA SQ ¹²	Pain Relief and Inflammatory Disease	AVTOZMA*, TYENNE*
	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone

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Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	CYLTEZO ¹²	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADB ^M *, ADALIMUMAB-ADB ^M * (by Quallent), ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HUMIRA ¹²	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADB ^M *, ADALIMUMAB-ADB ^M * (by Quallent), ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/Heartburn	lactulose oral solution
	opium tincture ¹²	Gastrointestinal/Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	PROLENSA	Eye Conditions	bromfenac eye drops
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG, 90 MG SYRINGE ¹²	Pain Relief and Inflammatory Disease	SELARSDI*, USTEKINUMAB-TTWE*, YESINTEK*
	STELARA 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	SELARSDI*, USTEKINUMAB-TTWE*, YESINTEK*
	VIMPAT ORAL SOLUTION ¹³	Seizure Disorders	lacosamide oral solution
	ZORTRESS	Transplant Medications	everolimus
June 1	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen

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Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
May 15	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	LYNKUET	Miscellaneous	estradiol tablet, gel, patch; paroxetine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine
	VYSCOXIA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPHA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.

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

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 1	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	ANZUPGO	Skin Conditions	topical generic corticosteroids
	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate

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

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide	
TYKERB ⁵	Cancer	lapatinib	

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

There are preferred medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ¹⁵	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA ¹⁵	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.* (cont.)

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	USTEKINUMAB 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ¹⁵	Osteoporosis Products	WYOST, BILPREVDA
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer

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

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer require a Prior Authorization. (cont.)

Date Change Starts	Medication Name	Drug Class
April 1	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
February 1	lenalidomide	Cancer

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

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 3)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	BILDYOS	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	BILPREVDA	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	IMCIVREE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
February 15	AVTOZMA	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will be covered on a higher tier.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	NARCAN	Substance Use Disorder	3	naloxone
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	LYMPHIR	Cancer	3	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
May 15	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	3	ZIRABEV, MVASI
February 15	KYXATA	Cancer	3	generic carboplatin
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 1	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	LYMPHIR	Cancer
	VOYXACT	Miscellaneous
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² (cont.)

Date Change Starts	Medication Name	Drug Class
April 1	INLURIYO	Cancer
	RYBREVANT FASPRO	Cancer
March 1	BILDYOS	Osteoporosis Products
	BILPREVDA	Osteoporosis Products
	IMCIVREE	Weight Management
	JOBEVNE	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	AVTOZMA	Pain Relief and Inflammatory Disease
	KYXATA	Cancer
February 1	HERNEXEOS	Cancer
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
January 1	liraglutide	Diabetes

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
March 1	IMCIVREE	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	MODEYSO	Cancer

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	GEMTESA	Urinary Tract Conditions	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, monodoxyne nl

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ACTEMRA IV ¹²	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	ACTEMRA SQ ¹³	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE
	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	AUKELSO	Osteoporosis Products	WYOST, BILPREVDA
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BOSAYA	Osteoporosis Products	JUBBONTI, BILDYOS
	CYLTEZO ¹³	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADB, ADALIMUMAB-ADB (by Quallent), ADALIMUMAB-RYVK* (by Quallent), SIMLANDI
	ENOBY	Osteoporosis Products	JUBBONTI, BILDYOS
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HUMIRA ¹³	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADB, ADALIMUMAB-ADB (by Quallent), ADALIMUMAB-RYVK (by Quallent), SIMLANDI
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/Heartburn	lactulose oral solution
	opium tincture ¹³	Gastrointestinal/Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	PROLENSA	Eye Conditions	bromfenac eye drops
	PROLIA ¹³	Osteoporosis Products	JUBBONTI, BILDYOS
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG, 90 MG SYRINGE ¹³	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STELARA 45 MG VIAL ¹³	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION ¹⁴	Seizure Disorders	lacosamide oral solution
	XGEVA ¹²	Osteoporosis Products	WYOST, BILPREVDA
	XTRENBO	Osteoporosis Products	WYOST, BILPREVDA
	ZORTRESS	Transplant Medications	everolimus
	June 1	EXDENSUR	Asthma/COPD/Respiratory
LEVETIRACETAM		Seizure Disorders	levetiracetam tablet, solution
REDEMPLO		Cholesterol Medications	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/Heart Medications	clonidine tablet

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Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
May 1	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	LYNKUET	Miscellaneous	estradiol tablet, gel, patch; paroxetine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	BEIZRAY	Cancer	docetaxel
	BEIZRAY-ALBUMIN	Cancer	docetaxel
	KEYTRUDA QLEX	Cancer	KEYTRUDA IV
	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPA	Infections	fosfomicin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/Heart Medications	Talk to your doctor about other options.
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 1	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	ANZUPGO	Skin Conditions	topical generic corticosteroids
	AVGEMSI	Cancer	generic gemcitabine
	EKTERLY	Blood Pressure/Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	STELARA 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib
	USTEKINUMAB 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
VABRINTY	Cancer	ELIGARD	
VELCADE ⁷	Cancer	bortezomib	

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

There are preferred medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ¹²	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA ¹²	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ¹²	Osteoporosis Products	WYOST, BILPREVDA
June 1	LYMPHIR	Cancer	Talk with your doctor about other options.
April 1	RYBREVANT FASPRO	Cancer	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	ZIRABEV, MVASI
February 15	KYXATA	Cancer	generic carboplatin
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
May 14	REZZAYO	Infections
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
temozolomide capsule	Cancer	
tenofovir disoproxil fumarate	AIDS/HIV	
torpenz	Cancer	

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
February 1	lenalidomide	Cancer

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

Cigna Healthcare Advantage Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
April 24	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics

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

Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/Bipolar Disorder	This medication will: <ul style="list-style-type: none"> • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²
	FREESTYLE TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will be covered on a higher tier/be non-preferred.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	HYSINGLA ER	Pain Relief and Inflammatory Disease	3	hydrocodone er
	NARCAN	Substance Use Disorder	3	naloxone
	STELARA 45 MG VIAL ³	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION ²	Seizure Disorders	3	lacosamide oral solution
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	LEVETIRACETAM	Seizure Disorders	3	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	3	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	3	Talk with your doctor about other options.
	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	3	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	3	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	3	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	3	ibuprofen suspension
May 1	BYNFEZIA	Parkinson's Disease	3	octreotide
	JAVADIN	Parkinson's Disease	3	clonidine tablet
	PAZOPANIB 400 MG TABLET	Parkinson's Disease	3	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease	3	lamotrigine tablet, odt, dispersable tablet
April 24	SANDOSTATIN	Hormonal Agents		octreotide
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	3	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

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

Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier/be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	FYCOMPA SUSPENSION	Seizure Disorders	2	perampanel
	GLEOSTINE	Cancer	2	lomustine
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
	PREMARIN	Hormonal Agents	2	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	3	pregabalin, duloxetine, SAVELLA
	VYSCOXA	Pain Relief and Inflammatory Disease	3	celecoxib capsule
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
	PALSONIFY	Hormonal Agents	3	Talk with your doctor about other options.
March 15	BLUJEPA	Infections	3	fosfomicin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	3	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	3	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	3	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder	3	escitalopram
	EXXUA	Anxiety/Depression/Bipolar Disorder	3	generic SSRIs, SNRIs
	PHYRAGO	Cancer	3	dasatinib
March 1	DAWNZERA	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Modifiers/Bleeding Disorders	3	Talk with your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	3	Talk with your doctor about other options.

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

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

Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier/be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
January 23	ZURNAL	Substance Abuse	3	generic naloxone
January 1	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	2	ivabradine tablet
	NEXIUM 2.5 MG, 5 MG PACKET*	Gastrointestinal/ Heartburn	2	esomeprazole
	ONE TOUCH TEST STRIP*	Diabetes	3	FREESTYLE, TRUE METRIX TEST STRIP

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions
	azelastine-fluticasone spray	Allergy/Nasal Sprays
	FEXMID	Pain Relief and Inflammatory Disease
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease
	lactulose 20 gm packet	Gastrointestinal/Heartburn
	penciclovir 1% cream	Skin Conditions
	PROLENSA	Eye Conditions
	PURIXAN	Cancer
	VIMPAT ORAL SOLUTION ³	Seizure Disorders
ZORTRESS	Transplant Medications	
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	LEVETIRACETAM	Seizure Disorders
	REDEMPLO	Cholesterol Medications
	VOYXACT	Miscellaneous
May 15	FORZINITY	Miscellaneous
	HYRNUO	Cancer
	KOMZIFTI	Cancer
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications
	OMLONTI	Eye Conditions

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

Cigna Healthcare Legacy (Standard) Prescription Drug List *(cont.)*

For patients who have coverage through their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² *(cont.)*

Date Change Starts	Medication Name	Drug Class
May 15	ONTRALFY	Pain Relief and Inflammatory Disease
	ORUDIS	Pain Relief and Inflammatory Disease
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease
	ZYBIC	Pain Relief and Inflammatory Disease
May 1	BYNFEZIA	Parkinson's Disease
	JAVADIN	Parkinson's Disease
	PAZOPANIB 400 MG TABLET	Parkinson's Disease
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	FYCOMPA SUSPENSION	Seizure Disorders
	GLEOSTINE	Cancer
	JASCAYD	Asthma/COPD/Respiratory
	PREMARIN	Hormonal Agents
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	INLURIYO	Cancer
	PALSONIFY	Hormonal Agents
March 15	BLUJEPA	Infections
	BREKIYA	Pain Relief and Inflammatory Disease
	ECONAZOLE 1% FOAM	Skin Conditions
	ENBUMYST	Diuretics
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	EXXUA	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
March 1	DAWNZERA	Blood Pressure/Heart Medications
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	BRINSUPRI	Substance Abuse
February 1	BRYNOVIN	Diabetes

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

Cigna Healthcare Legacy (Standard) Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² *(cont.)*

Date Change Starts	Medication Name	Drug Class
February 1	HERNEXEOS	Cancer
	ORLYNVAH	Infections
January 15	ANZUPGO	Skin Conditions
	EKTERLY	Blood Pressure/Heart Medications
	HARLIKU	Miscellaneous
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	SEPHIENCE	Miscellaneous
January 1	ACTIVELLA	Hormonal Agents
	ACTONEL ⁹	Osteoporosis Products
	ANDEMBRY	Miscellaneous
	ARAVA	Pain Relief and Inflammatory Disease
	ARICEPT	Alzheimer's Disease
	AVALIDE ⁵	Blood Pressure/Heart Medications
	CARDURA	Blood Pressure/Heart Medications
	CATAPRES-TTS	Blood Pressure/Heart Medications
	CLARINEX	Allergy/Nasal Sprays
	DALIRESP	Asthma/COPD/Respiratory
	EFFIENT	Blood Thinners/Anti-Clotting
	EVISTA	Osteoporosis Products
	FETZIMA ⁵	Anxiety/Depression/Bipolar Disorder
	HYZAAR ⁵	Blood Pressure/Heart Medications
	INVEGA ER TABLET ⁹	Schizophrenia/Anti-Psychotics
	liraglutide	Diabetes
	LOVENOX	Blood Thinners/Anti-Clotting
	MICARDIS ⁵	Blood Pressure/Heart Medications
	NAMENDA	Alzheimer's Disease
	NAMENDA XR	Alzheimer's Disease
	NAMZARIC	Alzheimer's Disease
	PREVACID DR ⁵	Gastrointestinal/Heartburn
	PROSCAR	Urinary Tract Conditions
	PROTONIX ⁵	Gastrointestinal/Heartburn
	RAPAFLO	Urinary Tract Conditions
	TRIBENZOR	Blood Pressure/Heart Medications

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

Cigna Healthcare Legacy (Standard) Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	REDEMPLO	Cholesterol Medications
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
May 1	PAZOPANIB 400 MG TABLET	Parkinson's Disease
April 15	AURANOFIN	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
	LYNKUET	Miscellaneous
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	INLURIYO	Cancer
	PALSONIFY	Hormonal Agents
March 15	BREKIYA	Pain Relief and Inflammatory Disease
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
March 1	DAWNZERA	Blood Pressure/Heart Medications
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	BRINSUPRI	Substance Abuse
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	EKTERLY	Blood Pressure/Heart Medications
	MODEYSO	Cancer

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

Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, monodoxyne nl

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

There are preferred medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ¹⁵	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA ¹⁵	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ¹⁵	Osteoporosis Products	WYOST, BILPREVDA
March 1	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
February 1	BRYNOVIN	Diabetes	JANUVIA
	HERNEXEOS	Cancer	Talk with your doctor about other options.
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAL	Substance Abuse	generic naloxone
January 15	EKTERLY	Blood Pressure/Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	MODEYSO	Cancer	Talk with your doctor about other options.
	SEPHIENCE	Miscellaneous	sapropterin

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.* (cont)

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
May 1	GEMTESA	Urinary Tract Conditions
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV

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

Cigna Healthcare Legacy (Standard) Prescription Drug List *(cont.)*

For patients who have coverage through their employer

Medications that will no longer require a Prior Authorization. *(cont)*

Date Change Starts	Medication Name	Drug Class
April 1	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
February 1	lenalidomide	Cancer

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

Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 3)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	BILDYOS	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	BILPREVDA	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	IMCIVREE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
February 15	AVTOZMA	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/Bipolar Disorder	This medication will: <ul style="list-style-type: none"> • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will move to a lower tier/be preferred or be added to the drug list. (cont.)

Date Change Starts	Medication Name	Drug Class	More Information
January 1	FREESTYLE TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will be covered on a higher tier/be non-preferred.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	ACTEMRA IV ³	Pain Relief and Inflammatory Disease	3	AVTOZMA, TYENNE IV
	AUKELSO	Osteoporosis Products	3	WYOST, BILPREVDA
	BOSAYA	Osteoporosis Products	3	JUBBONTI, BILDYOS
	ENOBY	Osteoporosis Products	3	JUBBONTI, BILDYOS
	HYSINGLA ER	Pain Relief and Inflammatory Disease	3	hydrocodone er
	NARCAN	Substance Use Disorder	3	naloxone
	STELARA 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION ¹³	Seizure Disorders	3	lacosamide oral solution
	XTRENBO	Osteoporosis Products	3	WYOST, BILPREVDA
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	LEVETIRACETAM	Seizure Disorders	3	levetiracetam tablet, solution
	LYMPHIR	Cancer	3	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will be covered on a higher tier/be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
June 1	REDEMPLO	Cholesterol Medications	3	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	3	Talk with your doctor about other options.
	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	3	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	3	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	3	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	3	ibuprofen suspension
May 1	BYNFEZIA	Parkinson's Disease	3	octreotide
	JAVADIN	Parkinson's Disease	3	clonidine tablet
	PAZOPANIB 400 MG TABLET	Parkinson's Disease	3	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease	3	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	3	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	FYCOMPA SUSPENSION	Seizure Disorders	2	perampanel
	GLEOSTINE	Cancer	2	lomustine
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
	PREMARIN	Hormonal Agents	2	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	3	pregabalin, duloxetine, SAVELLA
	VYSCOX	Pain Relief and Inflammatory Disease	3	celecoxib capsule

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier/be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
April 1	BEIZRAY	Cancer	3	docetaxel
	BEIZRAY-ALBUMIN	Cancer	3	docetaxel
	INLURIYO	Cancer	3	Talk with your doctor about other options.
	KEYTRUDA QLEX	Cancer	3	KEYTRUDA IV
	PALSONIFY	Hormonal Agents	3	Talk with your doctor about other options.
March 15	BLUJEP	Infections	3	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	3	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	3	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	3	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder	3	escitalopram
	EXXUA	Anxiety/Depression/Bipolar Disorder	3	generic SSRIs, SNRIs
	PHYRAGO	Cancer	3	dasatinib
March 1	DAWNZERA	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	JOBEVNE	Cancer	3	ZIRABEV, MVASI
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Modifiers/Bleeding Disorders	3	Talk with your doctor about other options.
February 15	KYXATA	Cancer	3	generic carboplatin
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 15	AVGEMSI	Cancer	3	generic gemcitabine
	BRINSUPRI	Substance Abuse	3	Talk with your doctor about other options.

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier/be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
January 1	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	2	ivabradine tablet
	NEXIUM 2.5 MG, 5 MG PACKET*	Gastrointestinal/ Heartburn	2	esomeprazole
	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER
	ONE TOUCH TEST STRIP*	Diabetes	3	FREESTYLE, TRUE METRIX TEST STRIP
	STELARA 130 MG VIAL ⁹	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁹	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	3	ELIGARD
	VELCADE ⁷	Cancer	2	bortezomib

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions
	AUKELSO	Osteoporosis Products
	azelastine-fluticasone spray	Allergy/Nasal Sprays
	BOSAYA	Osteoporosis Products
	ENOBY	Osteoporosis Products
	FEXMID	Pain Relief and Inflammatory Disease
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease
	lactulose 20 gm packet	Gastrointestinal/Heartburn
	penciclovir 1% cream	Skin Conditions
	PROLENSA	Eye Conditions
	PURIXAN	Cancer
	VIMPAT ORAL SOLUTION ³	Seizure Disorders
	XTRENBO	Osteoporosis Products
	ZORTRESS	Transplant Medications

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.²(cont.)

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	LEVETIRACETAM	Seizure Disorders
	LYMPHIR	Cancer
	REDEMPLO	Cholesterol Medications
	VOYXACT	Miscellaneous
	FORZINITY	Miscellaneous
	HYRNUO	Cancer
	KOMZIFTI	Cancer
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications
	OMLONTI	Eye Conditions
	ONTRALFY	Pain Relief and Inflammatory Disease
	ORUDIS	Pain Relief and Inflammatory Disease
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease
	ZYBIC	Pain Relief and Inflammatory Disease
May 1	BYNFEZIA	Parkinson's Disease
	JAVADIN	Parkinson's Disease
	PAZOPANIB 400 MG TABLET	Parkinson's Disease
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	FYCOMPA SUSPENSION	Seizure Disorders
	GLEOSTINE	Cancer
	JASCAYD	Asthma/COPD/Respiratory
	PREMARIN	Hormonal Agents
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	BEIZRAY	Cancer
	BEIZRAY-ALBUMIN	Cancer
	INLURIYO	Cancer
	KEYTRUDA QLEX	Cancer
	PALSONIFY	Hormonal Agents
	RYBREVANT FASPRO	Cancer
March 15	BLUJEPA	Infections
	BREKIYA	Pain Relief and Inflammatory Disease
	ECONAZOLE 1% FOAM	Skin Conditions

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² (cont.)

Date Change Starts	Medication Name	Drug Class
March 15	ENBUMYST	Diuretics
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	EXXUA	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
March 1	BILDYOS	Osteoporosis Products
	BILPREVDA	Osteoporosis Products
	DAWNZERA	Blood Pressure/Heart Medications
	IMCIVREE	Weight Management
	JOBVNE	Cancer
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	AVTOZMA	Pain Relief and Inflammatory Disease
	BRINSUPRI	Substance Abuse
	KYXATA	Cancer
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
	ORLYNVAH	Infections
January 15	ANZUPGO	Skin Conditions
	AVGEMSI	Cancer
	EKTERLY	Blood Pressure/Heart Medications
	HARLIKU	Miscellaneous
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	SEPHIENCE	Miscellaneous
January 1	ACTIVELLA	Hormonal Agents
	ACTONEL ⁴	Osteoporosis Products
	ANDEMBRY	Miscellaneous
	ARAVA	Pain Relief and Inflammatory Disease
	ARICEPT	Alzheimer's Disease
	AVALIDE ⁵	Blood Pressure/Heart Medications

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

Cigna Healthcare Legacy (Performance) Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² *(cont.)*

Date Change Starts	Medication Name	Drug Class
January 1	CARDURA	Blood Pressure/Heart Medications
	CATAPRES-TTS	Blood Pressure/Heart Medications
	CLARINEX	Allergy/Nasal Sprays
	DALIRESP	Asthma/COPD/Respiratory
	EFFIENT	Blood Thinners/Anti-Clotting
	EVISTA	Osteoporosis Products
	FETZIMA ⁵	Anxiety/Depression/Bipolar Disorder
	HYZAAR ⁵	Blood Pressure/Heart Medications
	INVEGA ER TABLET ⁴	Schizophrenia/Anti-Psychotics
	liraglutide	Diabetes
	LOVENOX	Blood Thinners/Anti-Clotting
	MICARDIS ⁵	Blood Pressure/Heart Medications
	NAMENDA	Alzheimer's Disease
	NAMENDA XR	Alzheimer's Disease
	NAMZARIC	Alzheimer's Disease
	PREVACID DR ⁵	Gastrointestinal/Heartburn
	PROSCAR	Urinary Tract Conditions
	PROTONIX ⁵	Gastrointestinal/Heartburn
	RAPAFLO	Urinary Tract Conditions
	TRIBENZOR	Blood Pressure/Heart Medications
VABRINTY	Cancer	

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	REDEMPLO	Cholesterol Medications
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit.²(cont.)

Date Change Starts	Medication Name	Drug Class
May 1	PAZOPANIB 400 MG TABLET	Parkinson's Disease
April 15	AURANOFIN	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
	LYNKUET	Miscellaneous
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	INLURIYO	Cancer
	PALSONIFY	Hormonal Agents
March 15	BREKIYA	Pain Relief and Inflammatory Disease
March 1	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
	DAWNZERA	Blood Pressure/Heart Medications
	IMCIVREE	Weight Management
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	BRINSUPRI	Substance Abuse
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	EKTERLY	Blood Pressure/Heart Medications
	MODEYSO	Cancer

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
June 1	EXDENSUR	Asthma/COPD/Respiratory	Talk with your doctor about other options.

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ³	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	AUKELSO	Osteoporosis Products	WYOST, BILPREVDA
	BOSAYA	Osteoporosis Products	JUBBONTI, BILDYOS
	ENOBY	Osteoporosis Products	JUBBONTI, BILDYOS
	PROLIA ³	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ³	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL ³	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ³	Osteoporosis Products	WYOST, BILPREVDA
	XTRENBO	Osteoporosis Products	WYOST, BILPREVDA
June 1	LYMPHIR	Cancer	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
April 1	BEIZRAY	Cancer	docetaxel
	BEIZRAY-ALBUMIN	Cancer	docetaxel
	KEYTRUDA QLEX	Cancer	KEYTRUDA IV
	RYBREVANT FASPRO	Cancer	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	ZIRABEV, MVASI
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.* (cont.)

Date Change Starts	Medication Name	Drug Class	Preferred medications
February 15	KYXATA	Cancer	generic carboplatin
February 1	BRYNOVIN	Diabetes	JANUVIA
	HERNEXEOS	Cancer	Talk with your doctor about other options.
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	AVGEMSI	Cancer	generic gemcitabine
	EKTERLY	Blood Pressure/Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	MODEYSO	Cancer	Talk with your doctor about other options.
	SEPHIENCE	Miscellaneous	sapropterin
January 23	ZURNAI	Substance Abuse	generic naloxone
January 1	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	ELIGARD

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
April 24	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics

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

Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
May 14	REZZAYO	Infections
May 1	GEMTESA	Urinary Tract Conditions
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for Afinitor Disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for Afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
sunitinib	Cancer	
temozolomide capsule	Cancer	
tenofovir disoproxil fumarate	AIDS/HIV	
torpenz	Cancer	

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

Cigna Healthcare Legacy (Performance) Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
February 1	lenalidomide	Cancer

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

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	WEGOVY TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will be covered on a higher tier or be non-preferred.

These medications may cost you more to fill. There are lower-cost medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	NARCAN	Substance Use Disorder	3	naloxone
June 1	AQVESME	Blood Modifiers/Bleeding Disorders	3	Talk to your doctor about other options.
May 15	HYRNUO	Cancer	3	Talk to your doctor about other options.
	KOMZIFTI	Cancer	3	Talk to your doctor about other options.
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will be covered on a higher tier or be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	VOYXACT	Miscellaneous
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
March 1	WEGOVY TABLET	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
January 1	liraglutide	Diabetes

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
March 1	WEGOXY TABLET	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	MODEYSO	Cancer

Medications that will no longer be covered – and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions	Dapsone 7.5% gel pump
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/Heartburn	lactulose oral solution
	opium tincture ¹²	Gastrointestinal/Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	PROLENSA	Eye Conditions	bromfenac eye drops
	PURIXAN	Cancer	mercaptopurine oral suspension

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	STELARA 45 MG VIAL ¹²	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION ¹³	Seizure Disorders	lacosamide oral solution
	ZORTRESS	Transplant Medications	everolimus
June 1	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	LYNKUET	Miscellaneous	estradiol tablet, gel, patch; paroxetine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine
	VYSCOXIA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	ANZUPGO	Skin Conditions	topical generic corticosteroids
	EKTERLY	Blood Pressure/Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ANDEMBRY	Miscellaneous	Talk to your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV ¹⁵	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA ¹⁵	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL ¹⁵	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA ¹⁵	Osteoporosis Products	WYOST, BILPREVDA
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer require a Prior Authorization. (cont.)

Date Change Starts	Medication Name	Drug Class
April 1	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
February 1	lenalidomide	Cancer

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Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
April 3	MYQORZO 5 MG, 10 MG, 15 MG, 20 MG TABLET	Blood Pressure/ Heart Medications	This product will be added to the drug list as a preferred brand (Tier 2)
	VOYXACT 400 MG/2 ML SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
March 20	ILET INFUSN KIT-FLEX 23" 6 MM	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
February 26	USTEKINUMAB-TTWE 45 MG VIAL	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
February 20	KOMZIFTI 200 MG CAPSULE	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	SHINGRIX 50 MCG/0.5 ML SYRINGE	Vaccines	This product will be added to the drug list as a preferred brand (Tier 2)
January 30	ZORYVE 0.05% CREAM	Skin Condition	This product will be added to the drug list as a preferred brand (Tier 2)
January 23	BRINSUPRI 10 MG, 25 MG TABLET	Substance Abuse	This product will be added to the drug list as a preferred brand (Tier 2)
	INLURIYO 200 MG TABLET	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD 9 MG, 18 MG TABLET	Asthma/COPD/ Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
January 16	MERILOG 100 UNIT/ML VIAL MERILOG SOLOSTAR 100 UNIT/ML	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	Miscellaneous	This medication will be a preferred brand.

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier/be non-preferred.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	EPIPEN ⁷ , EPIPEN JR ⁷	Allergy/Nasal Sprays	epinephrine 0.15 mg, 0.3 mg auto-injector
	HYSINGLA ER ⁷	Pain Relief and Inflammatory Disease	hydrocodone er
	MESNEX TABLET	Cancer	mesna
	PRIMAQUINE (Brand)	Infections	primaquine (generic)
April 3	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLETT PACKET	Blood Pressure/Heart Medications	Talk to your doctor about other options.
March 26	CARDAMYST 70 MG NASAL SPRAY	Blood Pressure/Heart Medications	Talk to your doctor about other options.
March 13	ATRIPLA	AIDS/HIV	iron sucrose
	FLOVENT 50 MCG, 100 MCG, 250 MCG DISKUS	Asthma/COPD/Respiratory	asmanex, asmanex hfa, qvar redihaler
	FLOVENT HFA 44 MCG, 110 MCG, 220 MCG INHALER	Asthma/COPD/Respiratory	asmanex, asmanex hfa, qvar redihaler
	KOMBIGLYZE XR 2.5-1,000 MG, 5-500 MG, 5-1,000 MG TABLET	Diabetes	saxagliptin-metformin er
	LIDOCAINE-TETRACAINE 7%-7% CRM	Pain Relief and Inflammatory Disease	lidocaine-prilocaine, lidocaine
	LIQREV 10 MG/ML ORAL SUSPENSION	Asthma/COPD/Respiratory	sildenafil citrate
	LOCOID 0.1% LIPOCREAM	Skin Condition	hydrocortisone butyrate
	LOCOID 0.1% LOTION	Skin Condition	hydrocortisone butyrate
	ONGLYZA 2.5 MG, 5 MG TABLET	Diabetes	saxagliptin hcl
	RAYOS DR 1 MG, 2 MG, 5 MG TABLET	Hormonal Agents	prednisone
January 26	ORUDIS 75 MG CAPSULE	Pain Relief and Inflammatory Disease	ketoprofen
January 23	GLEOSTINE 10 MG, 40 MG, 100 MG CAPSULE	Cancer	lomustine

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will be covered on a higher tier/be non-preferred. (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	KOSELUGO 5 MG, 7.5 MG SPRINKLE CAPSULE	Cancer	GOMEKLI
	ONETOUCH ULTRA CONTROL SOLUTION	Diabetes	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION
	ONETOUCH VERIO HIGH, MID CONTROL SOLUTION	Diabetes	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION

Medications that will need approval (prior authorization) before they can be covered.²

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
April 3	MYQORZO 5 MG, 10 MG, 15 MG, 20 MG TABLET	Blood Pressure/ Heart Medications
	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLETT PACKET	Blood Pressure/ Heart Medications
	VOYXACT 400 MG/2 ML SYRINGE	Miscellaneous
March 26	CARDAMYST 70 MG NASAL SPRAY	Blood Pressure/ Heart Medications
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease
January 1	KOSELUGO 5 MG, 7.5 MG SPRINKLE CAPSULE	Cancer

Medications that will have a quantity limit.²

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1	PREVYMIS 20 MG PELLETT PACKET	Infections
	PREVYMIS 120 MG PELLETT PACKET	Infections
	TOLVAPTAN	Diuretics
April 10	PAZOPANIB 400 MG TABLET	Cancer
March 23	citalopram 30 mg capsule	Anxiety/Depression/Bipolar Disorder

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit.²(cont.)

Date Change Starts	Medication Name	Drug Class
March 1	FLOVENT 50 MCG, 100 MCG, 250 MCG DISKUS	Asthma/COPD/Respiratory
	FLOVENT HFA 44 MCG, 110 MCG, 220 MCG INHALER	Asthma/COPD/Respiratory
	KOMBIGLYZE XR 2.5-1,000 MG, 5-500 MG, 5-1,000 MG TABLET	Diabetes
	LOCOID 0.1% LIPOCREAM	Skin Condition
	ONGLYZA 2.5 MG, 5 MG TABLET	Diabetes
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease
February 1	LUMRYZ 4.5-6-7.5 GM STARTER PK	Sleep Disorders
	VELTASSA 1 GM POWDER PACKET	Nutritional/Dietary
	XELJANZ 1 MG/ML SOLUTION	Pain Relief and Inflammatory Disease
	XELJANZ 5 MG, 10 MG TABLET	Pain Relief and Inflammatory Disease
	XELJANZ XR 11 MG, 22 MG TABLET	Pain Relief and Inflammatory Disease

Medications that will need Step Therapy.²

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
July 1	CALCIPOTRIENE-BETAMETH DP SUSPENSION	Skin Condition	generic calcipotriene cream, ointment, solution
	LIVDELZI	Gastrointestinal/Heartburn	Talk with your doctor about other options.
April 3	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLETT PACKET	Blood Pressure/Heart Medications	Talk with your doctor about other options.
March 25	citalopram 30 mg capsule	Anxiety/Depression/Bipolar Disorder	Talk with your doctor about other options.
March 13	KOMBIGLYZE XR 2.5-1,000 MG, 5-500 MG, 5-1,000 MG TABLET	Diabetes	saxagliptin-metformin er
	LOCOID 0.1% LIPOCREAM	Skin Condition	hydrocortisone butyrate
	ONGLYZA 2.5 MG, 5 MG TABLET	Diabetes	saxagliptin hcl
March 9	ormalvi	Miscellaneous	dichlorphenamide
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease	Talk with your doctor about other options.
February 26	ORUDIS 75 MG CAPSULE	Pain Relief and Inflammatory Disease	ketoprofen
January 1	ENTRESTO	Blood Pressure/Heart Medications	sacubitril/valsartan tablet

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ENTRESTO TABLET ¹⁵	Blood Pressure/Heart Medications	sacubitril-valsartan
	fluvastatin	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	fluvastatin er	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	LESCOL XL ¹⁵	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	LIVDELZI ¹⁵	Gastrointestinal/Heartburn	IQRVO
	MAVENCLAD ¹⁵	Multiple Sclerosis	cladribine
	MYDAYIS ¹⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine er
	NORGESIC	Pain Relief & Inflammatory Disease	orphenadrine er
	NORGESIC FORTE	Pain Relief & Inflammatory Disease	orphenadrine er
	orphenadrine-aspirin-caffeine	Pain Relief & Inflammatory Disease	orphenadrine er
	orphengesic forte	Pain Relief & Inflammatory Disease	orphenadrine er
protriptyline ¹⁷	Anxiety/Depression/Bipolar Disorder	desipramine, nortriptyline	
April 3	REDEMPLO 25 MG/0.5 ML SYRINGE	Cholesterol Medications	Talk with your doctor about other options.
March 20	ONTRALFY 2 MG/5 ML SOLUTION	Pain Relief and Inflammatory Disease	tizanidine
	SDAMLO 2.5 MG, 5 MG, 10 MG POWDER FOR SOLUTION	Blood Pressure/Heart Medications	amlodipine
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine
	ZYBIC 7.5 MG/5 ML SUSPENSION	Pain Relief and Inflammatory Disease	ibuprofen suspension, naproxen suspension
March 6	AQVESME 100 MG TABLET	Blood Modifiers/Bleeding Disorders	Talk with your doctor about other options.
	HYRNUO 10 MG TABLET	Cancer	Talk with your doctor about other options.
	LEVETIRACETAM 250 MG, 500 MG TAB SUSPENSION	Seizure Disorders	levetiracetam solution, levetiracetam tablet

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
February 20	DAYBUE STIX 5,000 MG, 6,000 MG, 8,000 MG PACKET	Miscellaneous	Talk with your doctor about other options.
	LOPRESSOR 12.5 MG TABLET	Blood Pressure/Heart Medications	metoprolol tartrate
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	metoprolol tartrate
	OMLONTI 0.002% EYE DROP	Eye Conditions	bimatoprost, latanoprost
February 13	BESIFLOXACIN 0.6% EYE DROP	Eye Conditions	ciprofloxacin eye drops, gatifloxacin eye drops, levofloxacin eye drops, moxifloxacin eye drops, ofloxacin eye drops
	FORZINITY 280 MG/3.5 ML VIAL	Miscellaneous	Talk with your doctor about other options.
	INSULIN GLARGINE-YFGN UI00 PEN	Diabetes	INSULIN GLARGINE-YFGN UI00 (BIOCON BIOLOGIC), LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
February 1	REVLIMID	Cancer	lenalidomide
January 30	POTASSIUM CL 40 MEQ PACKET	Nutritional/Dietary	potassium chloride oral
January 23	BLENREP 70 MG VIAL	Cancer	bortezomib, lenalidomide, DARZALEX, KYPROLIS, NINLARO, POMALYST, THALOMID
January 23	DESLORATADINE 0.5 MG/ML SOLUTION	Allergy/Nasal Sprays	desloratadine odt, cetirizine syrup, levocetirizine solution
	ENBUMYST 0.5 MG SPRAY	Diuretics	bumetanide, ethacrynic acid, furosemide,torsemide
	JAVADIN 0.02 MG/ML SOLUTION	Blood Pressure/Heart Medications	clonidine tablet
	LASIX ONYU 80 MG/2.67 ML KIT	Diuretics	bumetanide, ethacrynic acid, furosemide,torsemide
	PALSONIFY 20 MG, 30 MG TABLET	Hormonal Agents	lanreotide, octreotide er, SOMATULINE DEPOT
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine odt, lamotrigine chewable dispersible tablet
January 16	STARJEMZA 45 MG/0.5 ML, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	IMULDOSA SC, SELARSDI SC, USTEKINUMAB-TTWE SC, YESINTEK SC
	TONMYA 2.8 MG TABLET SL	Pain Relief and Inflammatory Disease	duloxetine, pregabalin, SAVELLA

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 16	USTEKINUMAB-AAUZ 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	IMULDOSA SC, SELARSDI SC, USTEKINUMAB-TTWE SC, YESINTEK SC
January 2	BYNFEZIA 7,000 MCG/2.8 ML PEN	Hormonal Agents	octreotide acetate
	CARBIDOPA-LEVO ER 23.75-95, 36.25-145, 48.75-195, 61.25-245 CAPSULE	Parkinson's Disease	carbidopa-levodopa er (generic)
	PHEXX 1.8-1-0.4% VAGINAL GEL	Contraception Products	CAYA CONTOURED, CONDOM, FC2 FEMALE CONDOM, FEMCAP, VCF
	VYSCOXIA 10 MG/ML SUSPENSION	Pain Relief and Inflammatory Disease	celecoxib
January 1	ACTEMRA ACTPEN, SYRINGE ⁴	Pain Relief and Inflammatory Disease	TYENNE AUTO-INJECTOR, SYRINGE; ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADB (CF), ADALIMUMAB-RYVK (CF), ENBREL, SIMLANDI (CF) AUTO-INJECTOR
	ARNUITY ELLIPTA	Asthma/COPD/Respiratory	ASMANEX, ASMANEX HFA, QVAR REDIHALER
	AUSTEDO ⁴ , AUSTEDO XR ⁴	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	azelastine-fluticasone 0.1% (137 mcg) spray ⁴	Allergy/Nasal Sprays	azelastine, fluticasone nasal spray
	BRILINTA ⁴	Blood Thinners/Anti-Clotting	ticagrelor
	ciclopirox 8% treatment kit	Skin Conditions	ciclopirox solution, tavaborole
	croton	Infections	permethrin
	CYLTEZO (CF) ⁴	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADB (CF), ADALIMUMAB-RYVK (CF) AUTO-INJECTOR, SIMLANDI (CF) AUTO-INJECTOR
	DENAVIR	Skin Conditions	acyclovir capsule, cream, oral suspension, tablet; famciclovir, valacyclovir
	DYRENIUM	Diuretics	amiloride, eplerenone, spironolactone
	ENDARI ⁴	Blood Modifiers/Bleeding Disorders	l-glutamine 5 gram powder packet
	EPSOLAY ⁴	Skin Conditions	azelaic acid, ivermectin, metronidazole, rosula, FINACEA
	fosfomicin	Infections	nitrofurantoin macro, nitrofurantoin mono-macro, sulfamethoxazole-trimethoprim, trimethoprim
	naftifine	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	NAFTIN	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	NOURIANZ ⁸	Parkinson's Disease	cabergoline, entacapone, pramipexole, rasagiline, ropinirole
	opium tincture	Gastrointestinal/ Heartburn	diphenoxylate-atropine, loperamide
	oxiconazole	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	OXTELLAR XR ⁴	Seizure Disorders	oxcarbazepine er
	OXYCONTIN ER ⁸	Pain Relief and Inflammatory Disease	hydrocodone er, hydromorphone er, morphine er, oxymorphone er, HYSINGLA ER
	paroxetine 7.5 mg capsule ⁴	Anxiety/Depression/ Bipolar Disorder	paroxetine er, paroxetine
	penciclovir	Skin Conditions	acyclovir capsule, cream, oral suspension, tablet; famciclovir, valacyclovir
	PROLENSA 0.7% drops ⁴	Eye Conditions	bromfenac drops
	PROMACTA ⁶	Blood Modifiers/ Bleeding Disorders	eltrombopag
	pruradik	Infections	permethrin
	RASUVO ⁴	Pain Relief and Inflammatory Disease	methotrexate injection
	REVLIMID ¹⁰	Cancer	lenalidomide
	SPRIX ⁴	Pain Relief and Inflammatory Disease	diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen
	STELARA SYRINGE ¹¹ , STELARA 45 MG/0.5 ML VIAL ¹¹	Pain Relief and Inflammatory Disease	SELARSDI SYRINGE, USTEKINUMAB-TTWE SYRINGE (made by Quallent), YESINTEK SYRINGE
	SYMBICORT ⁶	Asthma/COPD/ Respiratory	breyndi, budesonide-formoterol
	tafluprost ⁴	Eye Conditions	bimatoprost, latanoprost
	TASIGNA ⁶	Cancer	nilotinib
	telmisartan-amlodipine	Blood Pressure/ Heart Medications	amlodipine-olmesartan, amlodipine-valsartan
	THIOLA EC ⁶	Urinary Tract Conditions	tiopronin, venxxiva
travoprost ⁴	Eye Conditions	bimatoprost, latanoprost	

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	TREXALL	Cancer	methotrexate
	triamterene	Diuretics	amiloride, eplerenone, spironolactone
	TWYNEO ⁴	Skin Conditions	adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin-tretinoin, tretinoin
	VELPHORO	Nutritional/Dietary	lanthanum carbonate, sevelamer carbonate, sevelamer hcl
	VYVANSE	Attention Deficit Hyperactivity Disorder	lisdexamfetamine

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
February 14	RELYVRIO	Miscellaneous
	SYNERA	Pain Relief and Inflammatory Disease

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
March 25	citalopram 30 mg capsule	Anxiety/Depression/ Bipolar Disorder
January 2	amphetamine er 3.1 mg odt, 6.3 mg odt, 9.4 mg odt, 12.5 mg odt, 15.7 mg odt, 18.8 mg odt	Attention Deficit Hyperactivity Disorder

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

1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. For example, if we're making a change to your medication on January 1 but your new plan year doesn't start until November 1, the change(s) won't affect you until November 1. To find out if these laws apply to you, please call the number on your ID card.
 - **Connecticut, Louisiana, Nevada, New York and Texas:** Your plan may be required to continue covering your medication as it is now, until your new plan year starts.
 - **Illinois:** If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts.
2. **This change may not affect you.** Not all plans have extra coverage rules (requirements) on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.
3. If your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover this medication. Ask your doctor's office to contact us to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval and continue to fill this medication on or after January 1, it won't be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.
4. **If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
5. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it as long as your prescription doesn't change.
6. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
7. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.
8. If you currently have approval (precertification) from Cigna Healthcare for this medication to be covered under your medical benefit, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered under your medical benefit.
9. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.
10. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of April 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
11. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it until your approval period ends.
12. **This change will only affect you if you start this medication for the first time on or after July 1.**
13. **If you currently have approval (prior authorization) for this medication, your plan will only cover it through June 30 or until that approval ends – whichever comes first.** Talk with your doctor's office about your options.
14. Some medications are covered under the pharmacy benefit, medical benefit, or both benefits. This can affect how much your medication costs, if it needs approval (prior authorization/precertification), and where you may have to fill it. Medications that are given by shot (injection) or through an IV (infused) – like at a doctor's office, hospital, or at home – are usually covered under the medical benefit. Log in to the myCigna app or myCigna.com to see how your plan covers these medications.
15. **If you currently have approval (precertification) for this medication to be covered, your plan will keep covering it until that approval ends.** Talk with your doctor's office about your options.
16. **Not all plans offer the Cigna Pathwell Specialty program.** Log in to the myCigna app or myCigna.com, or check your plan details, to see if yours does. If you've already tried a preferred medication (or your doctor doesn't think one's right for you), your doctor's office can ask us to cover this medication. Ask them to contact us to start the coverage review process or appeal a coverage denial (ask us to review a decision we made). Your doctor's office will take care of everything for you. If they need a request form, they can get it from our provider portal at cignaforhcp.com. If you don't get approval and continue to fill this medication on or after July 1, it won't be covered.
17. **If you currently have approval (prior authorization) for this medication, your plan will keep covering your fills for one year – through June 30, 2027.** If your doctor wants you to stay on this medication after that date, talk with them about your options.

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 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.

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989953 2026 HCP Medication Coverage Changes 08/25 © 2025 Cigna Healthcare. Some content provided under license.

Medications that will be covered on a higher tier as of January 1, 2026.

Your patients can go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) and review the 2026 drug list to see what tier the medication will be covered on. There may be lower-cost options available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

Medications that, as of January 1, 2026, need prior authorization from Cigna Healthcare to be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. Meaning, that if we approve coverage, it may cost your patient more to fill. Patients can go to Cigna.com/small-group-drug-lists and review the 2026 drug list to see what tier the medication will be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered – and their covered alternatives.!

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor

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

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointmet, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA IIO MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib

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

Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List *(cont.)*

Small Group Plans for
employers with 2-100
employees

Medications that will no longer be covered – and their covered alternatives.¹ *(cont.)*

Medication Name	Generic and/or Preferred Brand Medications
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Your patients can go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) and review the 2026 drug list to see what tier the medication will be covered on. There may be lower-cost options available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

Cigna Healthcare Plus Tennessee 5-Tier Prescription Drug List (cont.)

Small Group Plans for employers with 2-100 employees

Medications that, as of January 1, 2026, need prior authorization from Cigna Healthcare to be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. Meaning, that if we approve coverage, it may cost your patient more to fill. Patients can go to Cigna.com/small-group-drug-lists and review the 2026 drug list to see what tier the medication will be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered – and their covered alternatives.!

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor

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

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointmet, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
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ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
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PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib

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Cigna Healthcare Plus Tennessee 5-Tier Prescription Drug List *(cont.)*

Small Group Plans for
employers with 2-100
employees

Medications that will no longer be covered – and their covered alternatives.¹ *(cont.)*

Medication Name	Generic and/or Preferred Brand Medications
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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beser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
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estradiol 10 mcg vaginal insert
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fenofibrate 130 mg capsule
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meclofenamate capsule
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mometasone furoate 50 mcg spray
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clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
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DICLEGIS DR 10-10 MG TABLET
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Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
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ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor

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

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointmet, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA IIO MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib

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

Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List (cont.)

Small Group Plans for
employers with 2-100
employees

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Florida (cont.)

For patients who purchase their own health plan coverage

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR IO-IO MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 –
and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion*
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beseer 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream*
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

* This change doesn't affect customers in Illinois or Mississippi.

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
croton 10% lotion**
ERTACZO 2% CREAM^
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

^ This change doesn't affect customers in Mississippi.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTN
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADB, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream & lotion*	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream*	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% oint; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, Spinosad 0.9% topical suspension
DIFLORASONE 0.05% CREAM	betamethasone valerate 0.1% ointment; fluocinonide-E 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
DIFLORASONE 0.05% OINTMENT	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
ENDARI PACKET ^{4^}	glutamine
EPCLUSA	sofosbuvir-velpatasvir
ERTACZO 2% CREAM ⁺	naftifine 1% or 2% cream; econazole 1% cream; ketoconazole 2% cream; clotrimazole 1% cream; oxiconazole 1% cream; ciclopirox 0.77% cream, gel
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment

* This change only affects customers in Illinois and Mississippi.

[^] This change only affects customers in Illinois.

⁺ This change only affects customers in Mississippi.

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beseer 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
croton 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-E 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER

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

Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
ONETOUGH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA IIO MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution
hydrocortisone-acetic ear drop

Medication Name
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
SUCRAID
testosterone 1% gel

Medication Name
testosterone 1.62% gel

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

**Medications that will no longer be covered as of January 1, 2026 –
and their covered alternatives.¹**

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADB, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream, lotion	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment

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

**Medications that will no longer be covered as of January 1, 2026 –
and their covered alternatives.¹ (cont.)**

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Essential 5-Tier Prescription Drug List – for Colorado (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA* ³

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
croton 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR IO-IO MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
FIRVANQ SOLUTION	vancomycin HCL
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas

For patients who
purchase their own
health plan coverage

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion*
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream*
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim 1a tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

* This change doesn't affect customers in Illinois or Mississippi.

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion*^
ERTACZO 2% CREAM^
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

^ This change doesn't affect customers in Mississippi.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADB, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream, lotion*	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream*	betamethasone valerate 0.12% foam; fluocinonide acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
ENDARI PACKET ⁴	glutamine
EPCLUSA	sofosbuvir-velpatasvir
ERTACZO 2% CREAM ⁺	naftifine 1% or 2% cream; econazole 1% cream; ketoconazole 2% cream; clotrimazole 1% cream; oxiconazole 1% cream; ciclopirox 0.77% cream, gel
FIRVANQ SOLUTION	vancomycin

* This change only affects customers in Illinois and Mississippi.

[^] This change only affects customers in Illinois.

⁺ This change only affects customers in Mississippi.

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beseb 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
croton 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADB, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER

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

Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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



- 1. Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. For example, if we're making a change to your medication on January 1 but your new plan year doesn't start until November 1, the change(s) won't affect you until November 1. To find out if these laws apply to you, please call the number on your ID card.
 - **Connecticut, Louisiana, Nevada, New York and Texas:** Your plan may be required to continue covering your medication as it is now, until your new plan year starts.
 - **Illinois:** If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts.
- 2. This change may not affect you.** Not all plans have extra coverage rules (requirements) on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.
- 3.** If your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover this medication. Ask your doctor's office to contact us to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval and continue to fill this medication on or after January 1, it won't be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.
- 4. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
- 5. This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it as long as your prescription doesn't change.
- 6.** If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
- 7.** If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.
- 8.** If you currently have approval (precertification) from Cigna Healthcare for this medication to be covered under your medical benefit, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered under your medical benefit.
- 9.** If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.

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 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.

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Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages



If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422, 877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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 <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب بك) أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711).

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید: TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید