

PRESCRIPTION DRUG LIST EXCLUSIONS



Non-FDA approved medications

2018

The medications listed below will be excluded from coverage on Cigna's Prescription Drug List. These medications aren't approved by the U.S. Food and Drug Administration (FDA). Exclusions are listed by the effective date of the change.

If you have patients who continue to fill prescriptions for these medications on or after the date listed, they will be responsible for the full cost and will not receive coverage for these medications. We encourage you to speak with your affected patients to see if there are covered alternative prescription medications or over-the-counter medicines that may work for them.

Start date of change*	NDC number	Medication name^	NDC number	Medication name^
January 1, 2018	00316012301	Ala-Quin 3-0.5% Cream	68712001301	Inova 4% Easy Pad
	54766079964	Analpram HC 2.5%-1% Cream Single	68712001401	Inova 4-1 Easy Pad
	54766082904	Analpram HC 2.5%-1% Lotion	68712002101	Inova 8-2 Easy Pad
	00178065801	Avar 9.5%-5% Foam	40565012253	Iodoflex Pad
	00178065030	Avar 9.5-5% Cleansing Pads	57883040105	Keralac 47% Cream
	00178065060	Avar 9.5-5% Cleansing Pads	66758013034	Klor-Con 25Meq Packet
	00178065301	Avar LS 10%-2% Foam	66758013081	Klor-Con 25Meq Packet
	00178064030	Avar LS 10-2% Cleansing Pads	89109010801	Mugard Oral Wound Rinse
	00178064060	Avar LS 10-2% Cleansing Pads	23710000140	Neosalus CP Cream
	00178047508	Avar LS Cleanser	23710000118	Neosalus Cream
	00178046502	Avar-E LS Cream	23710000002	Neosalus Foam
	57005012380	Avenova Lid-Lash Spray	70350260203	Noxifol-D3 2,500 Unit-1 Mg Tab
	42783063330	Benzodox 30 Kit	00178049906	Ovace 10% Wash
	42783066360	Benzodox 60 Kit	00178049912	Ovace 10% Wash
	51674011702	Cortane-B Lotion	00178049916	Ovace 10% Wash
	59088009054	Dermacinrx Purefolix Tablet	00178048508	Ovace Plus 10% Shampoo
	00316102501	Dermasorb AF Complete Kit	00178063016	Ovace Plus 10% Wash
	42291024416	Donnatal Elixir	00178069601	Ovace Plus 9.8% Foam
	00178036802	Eleton Cream Twin Pack	00178062002	Ovace Plus 9.8% Lotion
	75854031930	Feriva FA Capsule	00178062094	Ovace Plus 9.8% Lotion
	89141045602	Gelclair Oral Gel Packet	00178049012	Ovace Plus Wash 10% Cleansing Gel
	89141045603	Gelclair Oral Gel Packet	57883040210	Plexion 9.8-4.8% Cleanser
	69482019796	Hylatopicplus Emollient Foam	57883040460	Plexion 9.8-4.8% Cleansing Cloth
	69482019797	Hylatopicplus Emollient Foam	57883040302	Plexion 9.8-4.8% Cream

Together, all the way.®



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

Start date of change*	NDC number	Medication name^	NDC number	Medication name^
January 1, 2018	57883040502	Plexion 9.8-4.8% Lotion	43538019016	Sumadan 9%-4.5% Wash
	00516005110	Potaba 500 Mg Capsule	43538019116	Sumadan Kit
	65649051112	Proctocort 30 Mg Suppository	43538019216	Sumadan XLT Kit
	15014014550	Prodrin Caplet	43538010060	Sumaxin Cleansing Pads
	11822489810	Ra Resveratrol 250 Mg Capsule	43538010160	Sumaxin CP Kit
	54458032366	Resveratrol 100 Mg Softgel	43538016016	Sumaxin TS Topical Suspension
	11917017064	Resveratrol 250 Mg Softgel	43538013016	Sumaxin Wash
	54458032360	Resveratrol 50 Mg Softgel	42783032310	Ultralax-ER 28.5% Solution
	69336033030	Revesta 5,750 Unit-1 Mg Cap	43538025020	Uramaxin GT 45% Pre-Filled App
	70350260304	Roxifol-D Tablet	00037632190	Urelle Tablet
	70350262601	Rynoderma 37.5% Topical Cream	69336080160	Urevaz 44% Cream
	13548001017	Salex 6% Cream Kit	11086003201	Vanoxide-HC Lotion
	13548001109	Salex 6% Lotion Kit	60635011801	Varithena Injectable Foam
	13548001206	Salex 6% Shampoo	42783031210	Virasal Antiviral Wart Remover
	23710000602	Salvax 6% Foam	57893030230	Vytone Cream Packet
	57893030006	SelRx 2.3% Shampoo	42783011185	Zithranol 1% Shampoo
	69677006302	SmartRx Gabakit		

* State laws in Texas and Louisiana require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, your plan can't make these changes until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

^ This product's eligibility for coverage varies by manufacturer because not all versions of the product have been approved by the FDA for marketing. Products not approved by the FDA for marketing are excluded from coverage under benefit plans.



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