

Medication Coverage Changes

2024

These are the medication coverage changes Cigna HealthcareSM is making in 2024.¹ Medications are listed alphabetically by drug list (formulary) 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.

For patients who have coverage through their employer

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For patients who purchase their own health plan coverage*

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*These drug lists are updated once a year on January 1st.





Cigna Healthcare Performance Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Additional Information
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMYVY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN GLARGINE YFGN [SEMGLEE-YFGN], VL, PEN	Diabetes	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be 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
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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	Additional Information
January 1st	OGIVRI	Cancer	This will be a preferred medication under the Cigna Healthcare medical benefit. ²
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare pharmacy benefit. ²
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	ANUVIA, saxagliptin
	OGSIVEO	Cancer	The patient should speak to their doctor about their options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder	The patient should speak to their doctor about their options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Nutritional/Dietary	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.

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Cigna Healthcare Standard Prescription Drug List (cont.)

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

For patients who have coverage through their employer

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15th	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	TOBRAMYCIN PAK 300 MG/5 ML	Infections	tobramycin inhalation ampules
	ZIEXTENZO ³	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease

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Cigna Healthcare Standard Prescription Drug List (cont.)

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
	LUPKYNIS	Transplant Medications
	QBREXZA CLOTH	Skin Conditions
March 15th	NGENLA	Hormonal Agents
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
	XYOSTED	Hormonal Agents
February 1st	ADALIMUMAB-ADBM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 1st	CAROSPIR SUSPENSION ⁵	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
March 1st	BIMZELX	Pain Relief and Inflammatory Disease
February 15th	AKEEGA	Cancer

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Infections
	VEOZAH	Miscellaneous
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	ALUNBRIG ¹⁴	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL ¹⁵	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE ¹⁴	Seizure Disorders	divalproex dr
	DEPAKOTE ER ¹⁴	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE ¹⁴	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution

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Cigna Healthcare Standard Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	ICLUSIG ¹⁴	Cancer	imatinib, SPRYCEL
	ISTURISA ¹⁴	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM ¹⁴	Diabetes	mifepristone 300mg
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60mg, pyridostigmine er 180mg
	NORTHERA ¹⁵	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	QTERN ¹⁵	Diabetes	GLYXAMBI
	RAVICTI ¹⁴	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL ¹⁵	Schizophrenia/Anti-Psychotics	risperidone
	SCEMBLIX ¹⁴	Cancer	imatinib, SPRYCEL
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT ¹⁵	Cancer	sunitinib
	TARGRETIN CAPSULE ¹⁵	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml
	VOTRIENT ¹⁵	Cancer	pazopanib
	XULTOPHY	Diabetes	SOLQUA
	XYREM ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA ¹⁵	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA ¹⁴	Cancer	ALECENSA
June 1st	AUGTYRO	Cancer	ROZYLTRAK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO

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Cigna Healthcare Standard Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, Klor-Con tablet/packet, Klor-Con M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA ⁷	Asthma/COPD/Respiratory	tadalafil 20mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	ALOCRIL 2%	Eye Conditions	cromolyn eye drops
	ALOMIDE 0.1%	Eye Conditions	cromolyn eye drops
	AMJEVITA ⁷ (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%

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Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BEPREVE 1.5%	Eye Conditions	bepotastine eye drops
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
	BROMFED DM	Cold and Cough Medications	bromphenamine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA ⁷	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL ⁷	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD ⁷	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DICLOFENAC EPOLAMINE 1.3% ⁷ (Authorized Generic for FLECTOR)	Pain Relief and Inflammatory Disease	FLECTOR
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops

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Cigna Healthcare Standard Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	DUTOPROL ⁷	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR ⁷	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	EXFORGE	Blood Pressure/Heart Medications	amlodipine-valsartan
	EXFORGE HCT	Blood Pressure/Heart Medications	amlodipine-valsartan-hctz
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE ⁷	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE ⁷	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA ⁷	Blood Pressure/Heart Medications	propranolol
	INDERAL XL ⁷	Blood Pressure/Heart Medications	propranolol
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine, brimonidone drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE ⁷	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er

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Cigna Healthcare Standard Prescription Drug List (cont.)

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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS ⁷	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LESCOL XL ⁷	Cholesterol Medications	fluvastatin er
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	TRESIBA, SEMGLEE, INSULIN GLARGINE YFGN
	LITHOBID ⁸	Anxiety/Depression/Bipolar Disorder	lithium carbonate, lithium carbonate er
	LIVALO ⁷	Cholesterol Medications	pitavastatin, atorvastatin, simvastatin, rosuvastatin
	LOPRESSOR ⁷	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LOVAZA	Cholesterol Medications	omega-3 acid ethyl esters
	LUNESTA ⁷	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET ⁸	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Infections	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ⁸	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops

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Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	PATANOL 0.1%	Eye Conditions	olopatadine eye drops
	PAXIL ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine
	PAXIL CR ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IOMG CAPSULES ⁸	Blood Thinners/Anti-Clotting	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRAVACHOL ⁷	Cholesterol Medications	pravastatin
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PRISTIQ ⁷	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	PROZAC ⁷	Anxiety/Depression/Bipolar Disorder	fluoxetine
	PULMICORT FLEXHALER	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	QURELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/Bipolar Disorder	mirtazapine
	RENVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) ⁷	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM ⁷	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR ⁷	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPDUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA

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Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who
have coverage
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	STRATTERA	Attention Deficit Hyperactivity Disorder	atomoxetine
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE/FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine
	SYNERA	Hormonal Agents	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY ⁸	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC ⁷	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN ⁷	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE ⁷	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	TOPROL XL ⁷	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	VOLTAREN 1% GEL ⁷	Pain Relief and Inflammatory Disease	diclofenac sodium 1% gel
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR ⁷	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC ⁷	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOCOR ⁷	Cholesterol Medications	simvastatin

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Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ZOLOFT ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

Medications that will no longer be covered under the pharmacy benefit¹⁰ (cont.)

These medications will be considered benefit/plan exclusions. Please talk with your patient about his or her options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	anticoag sodium citrate 4% syr	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

*This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.



Cigna Healthcare Performance Prescription Drug List

For patients who
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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	Additional Information
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
February 9th	ABILIFY ASIMTUFII	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA INITIO	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand (Tier 2).
	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVEY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN GLARGINE YFGN [SEMGLEE-YFGN], VL, PEN	Diabetes	This medication will be a preferred brand (Tier 2).

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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	Additional Information
January 1st	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OGIVRI	Cancer	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare pharmacy benefit. ²
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	The patient should speak to their doctor about their options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder	The patient should speak to their doctor about their options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets

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Cigna Healthcare Performance Prescription Drug List (cont.)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	The patient should use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Cancer	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.
	POMBILITI	Miscellaneous	The patient should speak to their doctor about their options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
	ELFABRIO	Miscellaneous	The patient should speak to their doctor about their options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ARGATROBAN 250 MG/2.5 ML VIAL ³	Blood Thinners/Anti-Clotting	The patient should speak to their doctor about their options.
	BORTEZOMIB 3.5 MG IV VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	cisplatin 50mg vial ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 1GM/5ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 2GM/10ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 500GM/2.5ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	GANCICLOVIR 500 GM/250 ML VIAL ³	Infections	The patient should speak to their doctor about their options.

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Cigna Healthcare Performance Prescription Drug List (cont.)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	GEL-ONE 30 MG/3 ML SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	GEMCITABINE HCL 1 GRAM/10 ML ³	Cancer	The patient should speak to their doctor about their options.
	GEMCITABINE HCL 1.5 GRAM/15 ML ³	Cancer	The patient should speak to their doctor about their options.
	GEMCITABINE HCL 2 GRAM/20 ML ³	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
	GEMCITABINE HCL 200 GRAM/2 VL ³	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
	GENVISC 850 25 MG/2.5 ML SYR ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	PARICALCITOL 10 MCG/2 ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PARICALCITOL 2 MCG/ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PARICALCITOL 5 MCG/ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PROVISC 10 MG/ML DISP SYRINGE ³	Eye Conditions	DUROLANE, EUFLEXXA, GELSYN-3
	SUPARTZ FX 25 MG/2.5 ML SYR ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	TENIPOSIDE 50 MG/5 ML AMPULE ³	Cancer	The patient should speak to their doctor about their options.
	TOBRAMYCIN PAK 300 MG/5 ML ³	Infections	tobramycin inhalation ampules
	TRIVISC 25 MG/2.5 ML SYR ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VISCO-3 25 MG/2.5 ML SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	ZIEXTENZO ³	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA
	ZOLEDRONIC ACID 4 MG/100 ML ³	Osteoporosis Products	The patient should speak to their doctor about their options.

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Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	LIKMEZ	Infections
	OMVOH IV	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
	LUPKYNIS	Transplant Medication
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
	POMBILITI	Miscellaneous
March 1st	BIMZELX	Pain Relief and Inflammatory Disease
	ELFABRIO	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMY	Eye Conditions
January 1st	CAROSPIR SUSPENSION ⁵	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer

Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will have a quantity limit⁴ (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1st	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
March 1st	BIMZELX	Pain Relief and Inflammatory Disease
February 15th	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADB (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Infections
	VEOZAH	Miscellaneous
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	ALUNBRIG ¹⁴	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL ¹⁵	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone

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Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE ¹⁴	Seizure Disorders	divalproex dr
	DEPAKOTE ER ¹⁴	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE ¹⁴	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG ¹⁴	Cancer	imatinib, SPRYCEL
	ISTURISA ¹⁴	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM ¹⁴	Diabetes	mifepristone 300mg
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60mg, pyridostigmine er 180mg
	NORTHERA ¹⁵	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	QTERN ¹⁵	Diabetes	GLYXAMBI
	RAVICTI ¹⁴	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL ¹⁵	Schizophrenia/Anti-Psychotics	risperidone
	RISPERDAL CONSTA ¹⁴	Schizophrenia/Anti-Psychotics	risperidone er vial
	SCEMBLIX ¹⁴	Cancer	imatinib, SPRYCEL
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT ¹⁵	Cancer	sunitinib
	TARGRETIN CAPSULE ¹⁵	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml
	VOTRIENT ¹⁵	Cancer	pazopanib

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Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	XULTOPHY	Diabetes	SOLIQUA
	XYREM ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA ¹⁵	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA ¹⁴	Cancer	ALECENSA
June 1st	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	APHEXDA	Cancer	plerixafor
	JESDUVROQ	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops

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Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ADCIRCA ⁷	ASTHMA/COPD/ RESPIRATORY	tadalafil 20mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	ALOCRIL 2%	Eye Conditions	cromolyn eye drops
	ALOMIDE 0.1%	Eye Conditions	cromolyn eye drops
	AMJEVITA ⁷ (Biosimilar to Humira))	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin- bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BEPREVE 1.5%	Eye Conditions	bepotastine eye drops
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
	BROMFED DM	Cold and Cough Medications	bromphenamine-pseudoephedrine- dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA ⁷	Anxiety/Depression/ Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CINQAIR ⁷	Asthma/COPD/Respiratory	TEZSPIRE, DUPIXENT, FASENRA, NUCALA, XOLAIR
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream

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Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	CLOZARIL ⁷	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD ⁷	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DICLOFENAC EPOLAMINE 1.3% ⁷ (Authorized Generic for FLECTOR)	Pain Relief and Inflammatory Disease	FLECTOR
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL ⁷	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR ⁷	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	EXFORGE	Blood Pressure/Heart Medications	amlodipine-valsartan
	EXFORGE HCT	Blood Pressure/Heart Medications	amlodipine-valsartan-hctz
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE ⁷	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROP	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV

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Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	HUMATROPE ⁷	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA ⁷	Blood Pressure/Heart Medications	propranolol
	INDERAL XL ⁷	Blood Pressure/Heart Medications	propranolol
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE ⁷	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS ⁷	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LESCOL XL ⁷	Cholesterol Medications	fluvastatin er
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	TRESIBA, SEMGLEE, INSULIN GLARGINE YFGN
	LITHOBID ⁸	Anxiety/Depression/ Bipolar Disorder	lithium carbonate, lithium carbonate er
	LIVALO ⁷	Cholesterol Medications	pitavastatin, atorvastatin, simvastatin, rosuvastatin
	LOPRESSOR ⁷	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LOVAZA	Cholesterol Medications	omega-3 acid ethyl esters
	LUNESTA ⁷	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET ⁸	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Skin Conditions	metronidazole 0.75% vaginal gel

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Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	NARDIL	Anxiety/Depression/ Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ⁸	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/ Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PATANOL 0.1%	Eye Conditions	olopatadine eye drops
	PAXIL ⁷	Anxiety/Depression/ Bipolar Disorder	paroxetine
	PAXIL CR ⁷	Anxiety/Depression/ Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	POLYMYXIN B-TMP EYE DROPS
	PRADAXA IIMG CAPSULES ⁸	Pain Relief and Inflammatory Disease	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRAVACHOL ⁷	Cholesterol Medications	pravastatin
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PRISTIQ ⁷	Anxiety/Depression/ Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	PROZAC ⁷	Anxiety/Depression/ Bipolar Disorder	fluoxetine
	PULMICORT FLEXHALER	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/ Bipolar Disorder	mirtazapine
	RENEVELA	Nutritional/Dietary	sevelamer carbonate

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Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	REVATIO (ORAL SUSPENSION AND TABLET) ⁷	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM ⁷	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR ⁷	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	STRATTERA	Attention Deficit Hyperactivity Disorder	atomoxetine
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE/FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine
	SYNERA	Hormonal Agents	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY ⁸	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC ⁷	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN ⁷	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE ⁷	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	TOPROL XL ⁷	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops

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Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	VOLTAREN 1% GEL ⁷	Pain Relief and Inflammatory Disease	diclofenac sodium 1% gel
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR ⁷	Anxiety/Depression/ Bipolar Disorder	bupropion sr
	ZIAC ⁷	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOCOR ⁷	Cholesterol Medications	simvastatin
	ZOLOFT ⁷	Anxiety/Depression/ Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. The patient should speak to their doctor about their options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	anticoag sodium citrate 4% syr	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

* This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.

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Cigna Healthcare Value Prescription Drug List

For patients who
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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	Additional Information
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVIY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	AZASITE 1% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).

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Cigna Healthcare Value 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

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1st	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare pharmacy benefit. ²
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder	The patient should speak to their doctor about their options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	The patient should use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Cancer	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone

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Cigna Healthcare Value 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	Generics and/or Preferred Medications
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 1st	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	TOBRAMYCIN PAK 300 MG/5 ML ³	Infections	tobramycin inhalation ampules
	ZIEXTENZO ³	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
	LUPKYNIS	Transplant Medications
	QBREXZA CLOTH	Skin Conditions

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Cigna Healthcare Value Prescription Drug List (cont.)

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
March 15th	NGENLA	Hormonal Agents
	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
	XYOSTED	Hormonal Agents
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMVEY	Eye Conditions
January 1st	CAROSPIR SUSPENSION ⁵	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMVEY	Eye Conditions

Cigna Healthcare Value Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
January 15th	PAXLOVID	Infections
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	ALUNBRIG ¹⁴	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL ¹⁵	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE ¹⁴	Seizure Disorders	divalproex dr
	DEPAKOTE ER ¹⁴	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE ¹⁴	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG ¹⁴	Cancer	imatinib, SPRYCEL
	ISTURISA ¹⁴	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM ¹⁴	Diabetes	mifepristone 300mg

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Cigna Healthcare Value Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60mg, pyridostigmine er 180mg
	NORTHERA ¹⁵	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	RAVICTI ¹⁴	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL ¹⁵	Schizophrenia/Anti-Psychotics	risperidone
	SCSEMBLIX ¹⁴	Cancer	imatinib, SPRYCEL
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT ¹⁵	Cancer	sunitinib
	TARGRETIN CAPSULE ¹⁵	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml
	VOTRIENT ¹⁵	Cancer	pazopanib
	XULTOPHY	Diabetes	SOLIQUA
	XYREM ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA ¹⁵	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA ¹⁴	Cancer	ALECENSA
June 1st	AUGTYRO	Cancer	ROZYLTREK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin

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Cigna Healthcare Value Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADBM CF, STELARA
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, ADALIMUMAB-ADBM CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADBM CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA ⁷	ASTHMA/COPD/ RESPIRATORY	tadalafil 20mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	AMJEVITA ⁷ (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA HADLIMA HC **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr

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Cigna Healthcare Value Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BROMFED DM	Cold and Cough Medications	brompheniramine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA ⁷	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointment
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL ⁷	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD ⁷	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL ⁷	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR ⁷	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE ⁷	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine

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Cigna Healthcare Value Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, BUDESONIDE-FORMOTEROL
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE ⁷	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA ⁷	Blood Pressure/Heart Medications	propranolol
	INDERAL XL ⁷	Blood Pressure/Heart Medications	propranolol
	INSULIN LISPRO, JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops, brimonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE ⁷	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS ⁷	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	BASAGLAR, REZVOGLAR, TRESIBA
	LITHOBID ⁸	Anxiety/Depression/Bipolar Disorder	lithium carbonate, lithium carbonate er

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Cigna Healthcare Value Prescription Drug List (cont.)

For patients who
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	LOPRESSOR ⁷	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LOVAZA	Cholesterol Medications	omega-3 acid ethyl esters
	LUNESTA ⁷	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET ⁸	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Skin Conditions	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ⁸	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PAXIL ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine
	PAXIL CR ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IIOMG CAPSULES ⁸	Blood Thinners/ Anti-Clotting	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate

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Cigna Healthcare Value Prescription Drug List (cont.)

For patients who
have coverage
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Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	PROZAC ⁷	Anxiety/Depression/Bipolar Disorder	fluoxetine
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/Bipolar Disorder	mirtazapine
	REVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) ⁷	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM ⁷	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR ⁷	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	STRATTERA	Attention Deficit Hyperactivity Disorder	atomoxetine
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE-FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine
	SYNERA	Hormonal Agents	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY ⁸	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC ⁷	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN ⁷	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE ⁷	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution

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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 because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	TOPROL XL ⁷	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR ⁷	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC ⁷	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOLOFT ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. The patient should speak to their doctor about their options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	anticoag sodium citrate 4% syr	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary

* This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.

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Cigna Healthcare Value Prescription Drug List (cont.)

Medications that will no longer be covered under the pharmacy benefit¹⁰ (cont.)

These medications will be considered benefit/plan exclusions. The patient should speak to their doctor about their options.

Date Change Starts	Medication Name	Drug Class
January 1st	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

* This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.



Cigna Healthcare Advantage Prescription Drug List

For patients who
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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	Additional Information
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
February 9th	ABILIFY ASIMTUFII	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA INITIO	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVEY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	AZASITE 1% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).

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Cigna Healthcare Advantage 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	Additional Information
January 1st	OGIVRI	Cancer	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare pharmacy benefit. ²
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	The patient should speak to their doctor about their options.
June 1st	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	The patient should speak to their doctor about their options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder	The patient should speak to their doctor about their options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)

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Cigna Healthcare Advantage Prescription Drug List (cont.)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15th	OJJAARA	Cancer	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.
	POMBILITI	Miscellaneous	The patient should speak to their doctor about their options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
	ELFABRIO	Miscellaneous	The patient should speak to their doctor about their options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 1st	argatroban 250mg/2.5ml vial ³	Blood Thinners/Anti-Clotting	The patient should speak to their doctor about their options.
	bortezomib 3.5mg IV vial ³	Cancer	The patient should speak to their doctor about their options.
	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	cisplatin 50mg vial ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 1MG/5ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 2MG/10ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 500MG/2.5ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	GANCICLOVIR 500MG/250ML BAG ³	Infections	The patient should speak to their doctor about their options.
	GEL-ONE 30MG/3ml SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	GEMCITABINE hcl 1MG/10ML ³	Cancer	The patient should speak to their doctor about their options.
	GEMCITABINE hcl 1.5MG/15ML ³	Cancer	The patient should speak to their doctor about their options.
	GEMCITABINE hcl 2MG/20ML ³	Cancer	The patient should speak to their doctor about their options.

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Cigna Healthcare Advantage Prescription Drug List (cont.)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	GEMCITABINE hcl 200MG/2ml VIAL ³	Cancer	The patient should speak to their doctor about their options.
	GENVISC 850 25MG/2.5ML SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	PARICALCITOL 10MCG/2ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PARICALCITOL 2MCG/ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PARICALCITOL 5MCG/ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PROVISC 10MG/ML DISP SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	SUPARTZ FX 25MG/2.5ML SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	teniposide 50MG/5ML ampule ³	Cancer	The patient should speak to their doctor about their options.
	TOBRAMYCIN PAK 300MG/5ML ³	Infections	tobramycin inhalation ampules
	TRIVISC 25MG/2.5ml SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VISCO-3 25MG/2.5ml SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	ZIEXTENZO ³	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA
	zoledronic acid 4mg/100ml ³	Osteoporosis Products	The patient should speak to their doctor about their options.

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn

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Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	LUPKYNIS	Transplant Medications
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
	POMBILITI	Miscellaneous
March 1st	ELFABRIO	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 1st	CAROSPIR SUSPENSION ⁵	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions

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 have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time

Date Change Starts	Medication Name	Drug Class
January 15th	PAXLOVID	Infections
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	ALUNBRIG ¹⁴	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL ¹⁵	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE ¹⁴	Seizure Disorders	divalproex dr
	DEPAKOTE ER ¹⁴	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE ¹⁴	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG ¹⁴	Cancer	imatinib, SPRYCEL
	ISTURISA ¹⁴	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM ¹⁴	Diabetes	mifepristone 300mg

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60mg, pyridostigmine er 180mg
	NORTHERA ¹⁵	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	RAVICTI ¹⁴	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL ¹⁵	Schizophrenia/Anti-Psychotics	risperidone
	RISPERDAL CONSTA ¹⁴	Schizophrenia/Anti-Psychotics	risperidone er vial
	SCEMBLIX ¹⁴	Cancer	imatinib, SPRYCEL
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT ¹⁵	Cancer	sunitinib
	TARGRETIN CAPSULES ¹⁵	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml
	VOTRIENT ¹⁵	Cancer	pazopanib
	XULTOPHY	Diabetes	SOLIQUA
	XYREM ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA ¹⁵	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA ¹⁴	Cancer	ALECENSA
June 1st	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF, STELARA
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	APHEXDA	Cancer	plerixafor
	JESDUVROQ	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KFOR-CON tablet/packet, KFOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA ⁷	ASTHMA/COPD/ RESPIRATORY	tadalafil 20mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	AMJEVITA ⁷ (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr

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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 because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BROMFED DM	Cold and Cough Medications	brompheniramine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA ⁷	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CINQAIR ⁷	Asthma/COPD/Respiratory	TEZSPIRE, DUPIXENT, FASENRA, NUCALA, XOLAIR
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL ⁷	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD ⁷	Blood Pressure/Heart Medications	nadalol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL ⁷	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR ⁷	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	FIORICET WITH CODEINE ⁷	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE ⁷	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA ⁷	Blood Pressure/Heart Medications	propranolol
	INDERAL XL ⁷	Blood Pressure/Heart Medications	propranolol
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops, brimonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE ⁷	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	amlodipine
	KEVEYIS ⁷	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	BASAGLAR, REZVOGLAR, TRESIBA
	LITHOBID ⁸	Anxiety/Depression/Bipolar Disorder	lithium carbonate, lithium carbonate er

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	LOPRESSOR ⁷	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LOVAZA	Cholesterol Medications	omega-3 acid ethyl esters
	LUNESTA ⁷	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET ⁸	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Infections	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ⁸	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PAXIL ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine
	PAXIL CR ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IIOMG CAPSULES ⁸	Blood Thinners/Anti-Clotting	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PROZAC ⁷	Anxiety/Depression/Bipolar Disorder	fluoxetine

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/Bipolar Disorder	mirtazapine
	REVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) ⁷	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM ⁷	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR ⁷	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	STRATTERA	Attention Deficit Hyperactivity Disorder	atomoxetine
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE/FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine
	SYNERA	Pain Relief and Inflammatory Disease	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY ⁸	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC ⁷	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN ⁷	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE ⁷	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	TOPROL XL ⁷	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR ⁷	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC ⁷	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOLOFT ⁷	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. Please talk with your patient about his or her options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	anticoag sodium citrate 4% syr	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

* This change only affects customers who have **both pharmacy and medical benefits** through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare **medical benefit**. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who **only have pharmacy benefits** through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVEY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare pharmacy benefit. ²

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Cigna Healthcare Legacy (Standard) 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	Additional Information
January 1st	STRIVERDI RESPIMAT	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/ Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	BUPHENYL POWDER	Gastrointestinal/ Heartburn	sodium phenylbutyrate
	CEQUR SIMPLICITY INSERTER	Diabetes	Talk to your doctor about other options
	FIRVANQ	Infections	vancomycin oral solution
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	QTERN ¹⁵	Diabetes	GLYXAMBI
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml
	XULTOPHY	Diabetes	SOLQUA
	ZILBRYSQ	Miscellaneous	SOLIRIS
June 1st	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	RIVFLOZA	Miscellaneous	OXLUMO
	TRUQAP	Cancer	PIQRAY
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/ Bipolar Disorder	The patient should speak to their doctor about their options.

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

For patients who
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employer

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
May 1st	VOQUEZNA	Gastrointestinal/ Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	LIKMEZ	Infections	metronidazole tablets
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	OJJAARA	Cancer	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KFOR-CON tablet/packet, KFOR-CON M
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/ Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	AKEEGA	Cancer	LYNPARZA
	FORTEO	Osteoporosis Products	teriparatide
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL

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	Generics and/or Preferred Medications
January 1st	AMJEVITA ^{3,8}	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC
	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	HUMATROPE ^{3,7}	Hormonal Agents	GENOTROPIN, OMNITROPE
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LEDIPASVIR/SOFOSBUVI ^{3,8} (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	MAVYRET ^{3,8}	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ^{3,8}	Hormonal Agents	GENOTROPIN, OMNITROPE
	SOFOSBUVIR/VELPATASVIR ^{3,8} (Authorized Generic for Epclusa)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SYNAREL NASAL SPRAY ^{3,8}	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	ZIEXTENZO ³	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
July 19th	AGAMREE	Hormonal Agents
July 1st	AVODART	Urinary Tract Conditions
	BUPHENYL POWDER	Gastrointestinal/Heartburn
	BUPHENYL TABLET	Gastrointestinal/Heartburn

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

For patients who have coverage through their employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
July 1st	CANASA	Gastrointestinal/Heartburn
	CIPRODEX	Ear Medications
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions
	DYRENIUM	Diuretics
	FIRVANQ	Infections
	JALYN	Urinary Tract Conditions
	MESTINON (SOLUTION)	Alzheimer's Disease
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease
	PREZISTA 600MG & 800MG	AIDS/HIV
	PROCARDIA XL	Blood Pressure/Heart Medications
	PROMETRIUM	Hormonal Agents
	RISPERDAL ⁵	Schizophrenia/Anti-Psychotics
	TARGRETIN GEL	Skin Conditions
	TEKTURN	Blood Pressure/Heart Medications
	XULTOPHY	Diabetes
	ZILBRYSQ	Miscellaneous
June 1st	AUGTYRO	Cancer
	IWILFIN	Cancer
	OGSIVEO	Cancer
	RIVFLOZA	Miscellaneous
	TRUQAP	Cancer
May 15th	CABTREO	Skin Conditions
	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	XPHOZAH	Nutritional/Dietary
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease
March 15th	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
	NGENLA	Hormonal Agents

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

For patients who
have coverage
through their
employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
	POKONZA	Nutritional/Dietary
March 1st	LODOCO	Blood Pressure/Heart Medications
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
	SOHONOS	Miscellaneous
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMVY	Eye Conditions
January 1st	ACULAR 0.5%	Eye Conditions
	ACULAR LS 0.4%	Eye Conditions
	ALDACTONE	Diuretics
	ALOCRIL 2%	Eye Conditions
	ALOMIDE 0.1% ^{II}	Eye Conditions
	ANALPRAM HC 2.5%-1%	Skin Conditions
	AVAR-E ^{II}	Skin Conditions
	AVAR-E GREEN ^{II}	Skin Conditions
	AZOPT 1% DROPS	Eye Conditions
	AZULFIDINE	Gastrointestinal/Heartburn
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions
	BEPREVE 1.5%	Eye Conditions
	BETAPACE AF	Blood Pressure/Heart Medications
	BETIMOL 0.25% DROPS ^{II}	Eye Conditions
	BETIMOL 0.5% DROPS ^{II}	Eye Conditions
	BEVESPI AEROSPHERE ^{II}	Asthma/COPD/Respiratory
	BROMFED DM	Cold and Cough Medications
	CARNITOR	Nutritional/Dietary
	CARNITOR SF	Nutritional/Dietary
	CAROSPIR SUSPENSION ⁵	Diuretics
	CELEXA ⁸	Anxiety/Depression/Bipolar Disorder
	CILOXAN 0.3% DROPS	Eye Conditions
	CILOXAN 0.3% OINTMENT ^{II}	Eye Conditions

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

For patients who
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employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	CLEOCIN (CREAM AND OVULES)	Infections
	CLOZARIL ⁸	Schizophrenia/Anti-Psychotics
	CORGARD ⁸	Blood Pressure/Heart Medications
	COSOPT DROPS	Eye Conditions
	COSOPT PF DROPS	Eye Conditions
	DELESTROGEN	Hormonal Agents
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder
	DUREZOL 0.05% DROPS	Eye Conditions
	DUTOPROL ⁸	Blood Pressure/Heart Medications
	EFFEXOR XR ⁸	Anxiety/Depression/Bipolar Disorder
	ESGIC	Pain Relief and Inflammatory Disease
	EXFORGE	Blood Pressure/Heart Medications
	EXFORGE HCT	Blood Pressure/Heart Medications
	FIORCET	Pain Relief and Inflammatory Disease
	FLOVENT DISKUS ^{II}	Asthma/COPD/Respiratory
	FLOVENT HFA ^{II}	Asthma/COPD/Respiratory
	FLUTICASONE-SALMETEROL ^{II} (Authorized Generic for AIRDUO RESPICLICK)	Asthma/COPD/Respiratory
	FML FORTE 0.25% EYE DROPS ^{II}	Eye Conditions
	FML LIQUIFILM 0.1% DROP	Eye Conditions
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications
	HUMALOG (U-100 VIAL) ^{II}	Diabetes
	INDERAL LA ⁸	Blood Pressure/Heart Medications
	INDERAL XL ⁸	Blood Pressure/Heart Medications
	INTUNIV	Attention Deficit Hyperactivity Disorder
	IOPIDINE 1% DROPS ^{II}	Eye Conditions
	ISTALOL 0.5% DROPS	Eye Conditions
	KAPSPARGO SPRINKLE ⁸	Blood Pressure/Heart Medications
	KAPVAY	Attention Deficit Hyperactivity Disorder
	KARBINAL ER	Allergy/Nasal Sprays
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications
	LASIX	Diuretics
	LESCOL XL ⁸	Cholesterol Medications
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH ^{II}	Diabetes

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

For patients who
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through their
employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	LITFULO	Skin Conditions
	LOPRESSOR [®]	Blood Pressure/Heart Medications
	LOTEMAX 0.5% DROPS	Eye Conditions
	LOTEMAX 0.5% GEL	Eye Conditions
	LOVAZA	Cholesterol Medications
	LUNESTA [®]	Sleep Disorders/Sedatives
	MAXIDEX 0.1% EYE DROPS ^{II}	Eye Conditions
	MAXITROL EYE DROPS	Eye Conditions
	MAXITROL EYE OINTMENT	Eye Conditions
	METROGEL	Infections
	NARDIL	Anxiety/Depression/Bipolar Disorder
	NEORAL	Transplant Medications
	NEVANAC 0.1%	Eye Conditions
	NGENLA	Hormonal Agents
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder
	NOXAFIL SUSPENSION	Infections
	NUVESSA	Infections
	OCUFLOX 0.3% DROPS	Eye Conditions
	PATANOL 0.1%	Eye Conditions
	PAXIL [®]	Anxiety/Depression/Bipolar Disorder
	PAXIL CR [®]	Anxiety/Depression/Bipolar Disorder
	pen needles (not made by Becton Dickinson)	Diabetes Supplies
	POLYTRIM DROPS	Eye Conditions
	PRAVACHOL [®]	Cholesterol Medications
	PRED FORTE 1% DROPS	Eye Conditions
	PRED-G 1% EYE DROPS ^{II}	Eye Conditions
	PRED MILD 0.12% EYE DROPS ^{II}	Eye Conditions
	PRISTIQ [®]	Anxiety/Depression/Bipolar Disorder
	PROZAC [®]	Anxiety/Depression/Bipolar Disorder
	PULMICORT FLEXHALER ^{II}	Asthma/COPD/Respiratory
	QBRELIS	Blood Pressure/Heart Medications
	RANEXA	Blood Pressure/Heart Medications
	REMERON	Anxiety/Depression/Bipolar Disorder
	REVELA	Nutritional/Dietary

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

For patients who
have coverage
through their
employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	ROZEREM [®]	Sleep Disorders/Sedatives
	SAMSCA	Diuretics
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications
	SILENOR [®]	Sleep Disorders/Sedatives
	SOGROYA	Hormonal Agents
	STRATTERA	Attention Deficit Hyperactivity Disorder
	SYMBYAX	Anxiety/Depression/Bipolar Disorder
	SYNERA	Hormonal Agents
	TENORETIC [®]	Blood Pressure/Heart Medications
	TENORMIN [®]	Blood Pressure/Heart Medications
	TIMOPTIC 0.25% DROPS	Eye Conditions
	TIMOPTIC 0.5% DROPS	Eye Conditions
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions
	TOBRADEX EYE DROPS	Eye Conditions
	TOBREX 0.3% DROPS	Eye Conditions
	TOBREX 0.3% EYE OINTMENT ^{II}	Eye Conditions
	TOPROL XL [®]	Blood Pressure/Heart Medications
	TRUSOPT 2% DROPS	Eye Conditions
	VIGAMOX 0.5% DROPS	Eye Conditions
	WELCHOL	Cholesterol Medications
	WELLBUTRIN SR [®]	Anxiety/Depression/Bipolar Disorder
	ZIAC [®]	Blood Pressure/Heart Medications
	ZOCOR [®]	Cholesterol Medications
	ZOLOFT [®]	Anxiety/Depression/Bipolar Disorder
	ZYMAXID 0.5% DROPS	Eye Conditions

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

For patients who
have coverage
through their
employer

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
July 19th	AGAMREE	Hormonal Agents
July 1st	ZILBRYSQ	Miscellaneous
June 1st	RIVFLOZA	Miscellaneous
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease
March 15th	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	ABRILADA (CF)	Pain Relief and Inflammatory Disease
	BRENZAVVY	Diabetes
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Eye Conditions
January 1st	VEOZAH	Miscellaneous
	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	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 are part of Step Therapy^{4,6}

The patient's plan doesn't cover these high-cost medications until they try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for them.

Date Change Starts	Medication Name	Drug Class
March 15th	ABSORICA	Skin Conditions
	TACLONEX SUSPENSION	Skin Conditions
January 1st	SEREVENT DISKUS	Asthma/COPD/Respiratory
	SYMBICORT	Asthma/COPD/Respiratory

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. Please talk with your patient about his or her options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	ANTICOAG SODIUM CITRATE 4% SYR	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

* This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.



Cigna Healthcare Legacy (Performance) Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Additional Information
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	ABILIFY ASIMTUFII	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA INITIO	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVEY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be 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 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	Additional Information
January 1st	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OGIVRI	Cancer	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare pharmacy benefit. ²
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CEQUR SIMPLICITY INSERTER	Diabetes	Talk to your doctor about other options
	FIRVANQ	Infections	vancomycin oral solution
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	QTERN ¹⁵	Diabetes	GLYXAMBI
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml

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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	Generics and/or Preferred Medications
July 1st	XULTOPHY	Diabetes	SOLIQUA
	ZILBRYSQ	Miscellaneous	SOLIRIS
June 1st	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	RIVFLOZA	Miscellaneous	OXLUMO
	TRUQAP	Cancer	PIQRAY
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/ Bipolar Disorder	The patient should speak to their doctor about their options.
May 1st	VOQUEZNA	Gastrointestinal/ Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	LIKMEZ	Infections	metronidazole tablets
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	APHEXDA	Cancer	plerixafor
	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	OJJAARA	Cancer	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.
	POMBILITI	Miscellaneous	The patient should speak to their doctor about their options.
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
	ELFABRIO	Miscellaneous	The patient should speak to their doctor about their options.
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.

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	Generics and/or Preferred Medications
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	AKEEGA	Cancer	LYNPARZA
	FORTEO	Osteoporosis Products	teriparatide
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	AMJEVITA ^{3,8}	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC
	ARGATROBAN 250MG/2.5 ML VIAL ³	Blood Thinners/Anti-Clotting	The patient should speak to their doctor about their options.
	BORTEZOMIB 3.5MG IV VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	cisplatin 50mg vial ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 1 GM/5 ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 2 GM/10 ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	CYCLOPHOSPHAMIDE 500 MG/2.5 ML VIAL ³	Cancer	The patient should speak to their doctor about their options.
	GANCICLOVIR 500 MG/250 ML BAG ³	Infections	The patient should speak to their doctor about their options.
	GEL-ONE 30 MG/3 ML SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	GEMCITABINE HCL 1 GRAM/10 ML ³	Cancer	The patient should speak to their doctor about their options.
	GEMCITABINE HCL 1.5 GRAM/15 ML ³	Cancer	The patient should speak to their doctor about their options.

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	Generics and/or Preferred Medications
January 1st	GEMCITABINE HCL 2 GRAM/20 ML ³	Cancer	The patient should speak to their doctor about their options.
	GEMCITABINE HCL 200 MG/2 ML VL ³	Cancer	The patient should speak to their doctor about their options.
	GENVISC 850 25 MG/2.5 ML SYR ³	Cancer	DUROLANE, EUFLEXXA, GELSYN-3
	HUMATROPE ^{3,7}	Hormonal Agents	GENOTROPIN, OMNITROPE
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LEDIPASVIR/SOFOSBUVI ^{3,8} (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	MAVYRET ^{3,8}	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ^{3,8}	Hormonal Agents	GENOTROPIN, OMNITROPE
	PARICALCITOL 10 MCG/2 ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PARICALCITOL 2 MCG/ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PARICALCITOL 5 MCG/ML VIAL ³	Hormonal Agents	The patient should speak to their doctor about their options.
	PROVISC 10 MG/ML DISP SYRINGE ³	Eye Conditions	DUROLANE, EUFLEXXA, GELSYN-3
	SOFOSBUVIR/VELPATASVIR ^{3,8} (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SUPARTZ FX 25 MG/2.5 ML SYR ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	SYNAREL NASAL SPRAY ^{3,8}	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENIPOSIDE 50 MG/5 ML AMPUL ³	Cancer	The patient should speak to their doctor about their options.
	TRIVISC 25 MG/2.5 ML SYR ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VISCO-3 25 MG/2.5 ML SYRINGE ³	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	ZIEXTENZO ³	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA
	ZOLEDRONIC ACID 4 MG/100 ML ³	Osteoporosis Products	The patient should speak to their doctor about their options.

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 approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
July 15th	AGAMREE	Hormonal Agents
July 1st	AVODART	Urinary Tract Conditions
	BUPHENYL POWDER	Gastrointestinal/Heartburn
	BUPHENYL TABLET	Gastrointestinal/Heartburn
	CANASA	Gastrointestinal/Heartburn
	CIPRODEX	Ear Medications
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions
	DYRENIUM	Diuretics
	FIRVANQ	Infections
	JALYN	Urinary Tract Conditions
	MESTINON (SOLUTION)	Alzheimer's Disease
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease
	PREZISTA 600MG & 800MG	AIDS/HIV
	PROCARDIA XL	Blood Pressure/Heart Medications
	PROMETRIUM	Hormonal Agents
	RISPERDAL ⁵	Schizophrenia/Anti-Psychotics
	RISPERDAL CONSTA ⁴	Schizophrenia/Anti-Psychotics
	TARGRETIN GEL	Skin Conditions
	TEKTURNA	Blood Pressure/Heart Medications
	XULTOPHY	Diabetes
	ZILBRYSQ	Miscellaneous
June 1st	AUGTYRO	Cancer
	IWILFIN	Cancer
	OGSIVEO	Cancer
	RIVFLOZA	Miscellaneous
	TRUQAP	Cancer
May 15th	CABTREO	Skin Conditions
	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	XPHOZAH	Nutritional/Dietary
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH IV	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease

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

For patients who have coverage through their employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
March 15th	APHEXDA	Cancer
	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
	NGENLA	Hormonal Agents
	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
	POMBILITI	Miscellaneous
	POKONZA	Nutritional/Dietary
	ELFABRIO	Miscellaneous
March 1st	LODOCO	Blood Pressure/Heart Medications
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-ADB (CF)	Pain Relief and Inflammatory Disease
	BRENZAVVY	Diabetes
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 1st	ACULAR 0.5%	Eye Conditions
	ACULAR LS 0.4%	Eye Conditions
	ALDACTONE	Diuretics
	ALOCRIL 2%	Eye Conditions
	ALOMIDE 0.1% ^{II}	Eye Conditions
	ANALPRAM HC 2.5%-1%	Skin Conditions
	AVAR-E ^{II}	Skin Conditions
	AVAR-E GREEN ^{II}	Skin Conditions
	AZOPT 1% DROPS	Eye Conditions
	AZULFIDINE	Gastrointestinal/Heartburn
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions
	BEPREVE 1.5%	Eye Conditions
	BETAPACE AF	Blood Pressure/Heart Medications
	BETIMOL 0.25% DROPS ^{II}	Eye Conditions
	BETIMOL 0.5% DROPS ^{II}	Eye Conditions

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

For patients who have coverage through their employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	BEVESPI AEROSPHERE ^{II}	Asthma/COPD/Respiratory
	BROMFED DM	Cold and Cough Medications
	CARNITOR	Nutritional/Dietary
	CARNITOR SF	Nutritional/Dietary
	CAROSPIR SUSPENSION ⁵	Diuretics
	CELEXA ⁸	Anxiety/Depression/Bipolar Disorder
	CILOXAN 0.3% DROPS	Eye Conditions
	CILOXAN 0.3% OINTMENT ^{II}	Eye Conditions
	CLEOCIN (CREAM AND OVULES)	Infections
	CLOZARIL ⁸	Schizophrenia/Anti-Psychotics
	CORGARD ⁸	Blood Pressure/Heart Medications
	COSOPT DROPS	Eye Conditions
	COSOPT PF DROPS	Eye Conditions
	DELESTROGEN	Hormonal Agents
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder
	DUREZOL 0.05% DROPS	Eye Conditions
	DUTOPROL ⁸	Blood Pressure/Heart Medications
	EFFEXOR XR ⁸	Anxiety/Depression/Bipolar Disorder
	ESGIC	Pain Relief and Inflammatory Disease
	EXFORGE	Blood Pressure/Heart Medications
	EXFORGE HCT	Blood Pressure/Heart Medications
	FIORCET	Pain Relief and Inflammatory Disease
	FLOVENT DISKUS ^{II}	Asthma/COPD/Respiratory
	FLOVENT HFA ^{II}	Asthma/COPD/Respiratory
	FLUTICASONE-SALMETEROL ^{II} (Authorized Generic for AIRDUO RESPICLICK)	Asthma/COPD/Respiratory
	FML FORTE 0.25% EYE DROPS ^{II}	Eye Conditions
	FML LIQUIFILM 0.1% DROPS	Eye Conditions
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications
	HUMALOG (U-100 VIAL) ^{II}	Diabetes
	INDERAL LA ⁸	Blood Pressure/Heart Medications
	INDERAL XL ⁸	Blood Pressure/Heart Medications
	INTUNIV	Attention Deficit Hyperactivity Disorder
	IOPIDINE 1% DROPS ^{II}	Eye 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 approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	ISTALOL 0.5% DROPS	Eye Conditions
	KAPSPARGO SPRINKLE ⁸	Blood Pressure/Heart Medications
	KAPVAY	Attention Deficit Hyperactivity Disorder
	KARBINAL ER	Allergy/Nasal Sprays
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications
	LASIX	Diuretics
	LESCOL XL ⁸	Cholesterol Medications
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH ^{II}	Diabetes
	LITFULO	Skin Conditions
	LOPRESSOR ⁸	Blood Pressure/Heart Medications
	LOTEMAX 0.5% DROPS	Eye Conditions
	LOTEMAX 0.5% GEL	Eye Conditions
	LOVAZA	Cholesterol Medications
	LUNESTA ⁸	Sleep Disorders/Sedatives
	MAXIDEX 0.1% EYE DROPS ^{II}	Eye Conditions
	MAXITROL EYE DROPS	Eye Conditions
	MAXITROL EYE OINTMENT	Eye Conditions
	METROGEL	Infections
	NARDIL	Anxiety/Depression/Bipolar Disorder
	NEORAL	Transplant Medications
	NEVANAC 0.1%	Eye Conditions
	NGENLA	Hormonal Agents
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder
	NOXAFIL SUSPENSION	Infections
	NUVESSA	Infections
	OCUFLOX 0.3% DROPS	Eye Conditions
	PATANOL 0.1%	Eye Conditions
	PAXIL ⁸	Anxiety/Depression/Bipolar Disorder
	PAXIL CR ⁸	Anxiety/Depression/Bipolar Disorder
	pen needles (not made by Becton Dickinson)	Diabetes Supplies
	POLYTRIM DROPS	Eye Conditions
	PRAVACHOL ⁸	Cholesterol Medications
	PRED FORTE 1% DROPS	Eye Conditions
	PRED-G 1% EYE DROPS ^{II}	Eye Conditions
	PRED MILD 0.12% EYE DROPS ^{II}	Eye Conditions

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

For patients who
have coverage
through their
employer

Medications that will need approval before they can be covered⁴ (cont.)

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	PRISTIQ ⁸	Anxiety/Depression/Bipolar Disorder
	PROZAC ⁸	Anxiety/Depression/Bipolar Disorder
	PULMICORT FLEXHALER ^{II}	Asthma/COPD/Respiratory
	QBRELIS	Blood Pressure/Heart Medications
	RANEXA	Blood Pressure/Heart Medications
	REMERON	Anxiety/Depression/Bipolar Disorder
	RENVELA	Nutritional/Dietary
	ROZEREM ⁸	Sleep Disorders/Sedatives
	SAMSCA	Diuretics
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications
	SILENOR ⁸	Sleep Disorders/Sedatives
	SOGROYA	Hormonal Agents
	STRATTERA	Attention Deficit Hyperactivity Disorder
	SYMBYAX	Schizophrenia/Anti-Psychotics
	SYNERA	Hormonal Agents
	TENORETIC ⁸	Blood Pressure/Heart Medications
	TENORMIN ⁸	Blood Pressure/Heart Medications
	TIMOPTIC 0.25% DROPS	Eye Conditions
	TIMOPTIC 0.5% DROPS	Eye Conditions
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions
	TOBRADEX EYE DROPS	Eye Conditions
	TOBREX 0.3% DROPS	Eye Conditions
	TOBREX 0.3% EYE OINTMENT ^{II}	Eye Conditions
	TOPROL XL ⁸	Blood Pressure/Heart Medications
	TRUSOPT 2% DROPS	Eye Conditions
	VIGAMOX 0.5% DROPS	Eye Conditions
	WELCHOL	Cholesterol Medications
	WELLBUTRIN SR ⁸	Anxiety/Depression/Bipolar Disorder
	ZIAC ⁸	Blood Pressure/Heart Medications
	ZOCOR ⁸	Cholesterol Medications
	ZOLOFT ⁸	Anxiety/Depression/Bipolar Disorder
	ZYMAXID 0.5% DROPS	Eye Conditions

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

For patients who have coverage through their employer

Medications that will have a quantity limit⁴ (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
July 15th	AGAMREE	Hormonal Agents
July 1st	ZILBRYSQ	Miscellaneous
June 1st	AUGTYRO	Cancer
	IWILFIN	Cancer
	OGSIVEO	Cancer
	RIVFLOZA	Miscellaneous
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease
March 15th	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-ADB (CF)	Pain Relief and Inflammatory Disease
	BRENZAVVY	Diabetes
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Infections
	VEOZAH	Miscellaneous
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

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

For patients who have coverage through their employer

Medications that are part of Step Therapy^{4,6}

The patient's plan doesn't cover these high-cost medications until they try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for them.

Date Change Starts	Medication Name	Drug Class
March 15th	ABSORICA	Skin Conditions
	TACLONEX SUSPENSION	Skin Conditions
January 1st	SEREVENT DISKUS	Asthma/COPD/Respiratory
	SYMBICORT	Cancer

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. Please talk with your patient about his or her options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	ANTICOAG SODIUM CITRATE 4% SYR	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

* This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.



Cigna Healthcare Total Savings Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Additional Information
July 1st	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
May 1st	LEUKINE	Blood Modifiers/ Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	NIVESTYM	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	ZARXIO	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
February 15th	ZEPBOUND	Weight Management	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMYVY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	AZASITE 1% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be 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 Total Savings 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	Additional Information
January 1st	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ²

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	TRADJENTA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder	The patient should speak to their doctor about their options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	ENTYVIO SQ	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ HC, STELARA
	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)

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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/be non-preferred

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15th	OJJAARA	Cancer	The patient should speak to their doctor about their options.
	OPFOLDA	Miscellaneous	The patient should speak to their doctor about their options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	The patient should speak to their doctor about their options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	The patient should speak to their doctor about their options.
February 1st	VANFLYTA	Cancer	The patient should speak to their doctor about their options.
January 1st	CHORIONIC GONADOTROPIN 10,000 ³	Infertility	<ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL
	IBRANCE ³	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	The patient should speak to their doctor about their options.
	TOBRAMYCIN PAK 300mg/5ml ³	Infections	tobramycin inhalation ampules

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	ENTYVIO SQ	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
April 1st	LUPKYNIS	Transplant Medications
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 1st	CAROSPIR SUSPENSION ⁵	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
June 1st	IWILFIN	Cancer
	OGSIVEO	Cancer
	TRUQAP	Cancer
May 15th	ZURZUVAE 20MG, 25MG, 30MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	ENTYVIO SQ	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Infections

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit⁴ (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
July 1st	ALUNBRIG ¹⁴	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL ¹⁵	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE ¹⁴	Seizure Disorders	divalproex dr
	DEPAKOTE ER ¹⁴	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE ¹⁴	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG ¹⁴	Cancer	imatinib, SPRYCEL
	ISTURISA ¹⁴	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM ¹⁴	Diabetes	mifepristone 300mg
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60mg, pyridostigmine er 180mg

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.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	NORTHERA ¹⁵	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600MG & 800MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	RAVICTI ¹⁴	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL ¹⁵	Schizophrenia/Anti-Psychotics	risperidone
	SCEMBLIX ¹⁴	Cancer	imatinib, SPRYCEL
	SELZENTRY 150MG & 300MG ¹⁵	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT ¹⁵	Cancer	sunitinib
	TARGRETIN CAPSULE ¹⁵	Cancer	bexarotene capsule
	TARGRETIN GEL	Cancer	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS ¹⁵	Osteoporosis	teriparatide 600mcg/2.4ml
	VOTRIENT ¹⁵	Cancer	pazopanib
	XULTOPHY	Diabetes	SOLIQUA
	XYREM ¹⁵	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA ¹⁵	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA ¹⁴	Cancer	ALECENSA
June 1st	AUGTYRO	Cancer	ROZYLTREK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF, STELARA

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
April 15th	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, ADALIMUMAB-ADB M CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/packets/solution, Klor-Con tablet/packet, Klor-Con M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanoprost 0.005%
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA ⁷	Asthma/COPD/Respiratory	tadalafil 20mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	AMJEVITA ⁷ (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BROMFED DM	Cold and Cough Medications	brompheniramine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA ⁷	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL ⁷	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD ⁷	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER ⁵	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL ⁷	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR ⁷	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE ⁷	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER

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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 be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, BUDESONIDE-FORMOTERO
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE ⁷	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA ⁷	Blood Pressure/Heart Medications	propranolol
	INDERAL XL ⁷	Blood Pressure/Heart Medications	propranolol
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops, brimonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE ⁷	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS ⁷	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LESCOL XL ⁷	Cholesterol Medications	fluvastatin er
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	BASAGLAR, REZVOGLAR, TRESIBA
	LITHOBID ⁸	Anxiety/Depression/Bipolar Disorder	lithium carbonate, lithium carbonate er
	LOPRESSOR ⁷	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LUNESTA ⁷	Sleep Disorders/Sedatives	eszopiclone

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	MAVYRET ⁸	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Infections	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/ Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN ⁸	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/ Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PAXIL ⁷	Anxiety/Depression/ Bipolar Disorder	paroxetine
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IIMG CAPSULES ⁸	Pain Relief and Inflammatory Disease	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRAVACHOL ⁷	Cholesterol Medications	pravastatin
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PROZAC ⁷	Anxiety/Depression/ Bipolar Disorder	fluoxetine
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	REMERON	Anxiety/Depression/ Bipolar Disorder	mirtazapine
	RENVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) ⁷	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension

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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 be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ROZEREM ⁷	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR ⁷	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE-FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine
	SYNERA	Hormonal Agents	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY ⁸	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC ⁷	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN ⁷	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE ⁷	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	TOPROL XL ⁷	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA ⁹	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	WELCHOL	Cholesterol Medications	colesevelam

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Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	WELLBUTRIN SR ⁷	Anxiety/Depression/ Bipolar Disorder	bupropion sr
	ZIAC ⁷	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOCOR ⁷	Cholesterol Medications	simvastatin
	ZOLOFT ⁷	Anxiety/Depression/ Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. The patient should speak to their doctor about their options.

Date Change Starts	Medication Name	Drug Class
January 1st	albuterol 100mg/20mL soln	Asthma/COPD/Respiratory
	ANTICOAG SODIUM CITRATE 4% SYR	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary
	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000mg/30mL	Hormonal Agents
	testosterone cypionate 1,000mg/5mL	Hormonal Agents
	testosterone cypionate 500mg/2.5mL	Hormonal Agents
	testosterone enan. 1,000mg/5mL	Hormonal Agents
	TRI-MIX 150MG-5MG-50MCG VIAL	Erectile Dysfunction
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions



Cigna Healthcare National Preferred Prescription Drug List

For patients who
have coverage
through their
employer

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

Review the 2024 drug list at [Cigna.com/druglist](https://www.cigna.com/druglist) to see which tier the medication will be covered on

Date Change Starts	Medication Name	Drug Class	Additional Information
April 4th	OPIII 0.075 MG TABLET	Contraception Products	This medication will be a preferred brand.
	XOLAIR 150MG/ML, 300MG/2ML, 75MG/0.5ML AUTOINJECTOR	Asthma/COPD/Respiratory	This medication will be a preferred brand.
March 22nd	FREESTYLE PREC NEO TEST STRIPS	Diabetes	This medication will be a preferred brand.
March 1st	MIEBO 100% EYE DROP	Eye Conditions	This medication will be a preferred brand.
February 22nd	HEPLISAV-B 20 MCG/0.5 ML SYRNG	Vaccines	This medication will be a preferred brand.
	IWILFIN 192 MG TABLET	Cancer	This medication will be a preferred brand.
	KINRIX TIP-LOK SYRINGE	Vaccines	This medication will be a preferred brand.
	TENIVAC SYRINGE/VIAL	Vaccines	This medication will be a preferred brand.
	VAQTA 25 UNITS/0.5 ML SYR/VIAL VAQTA 50 UNITS/ML SYR/VIAL	Vaccines	This medication will be a preferred brand.
	VAXELIS VACCINE SYRINGE/VIAL	Vaccines	This medication will be a preferred brand.
February 8th	BOSULIF 50MG, 100MG CAPSULE	Cancer	This medication will be a preferred brand.
	BRUKINSA 80 MG CAPSULE	Cancer	This medication will be a preferred brand.
	EUCRISA 2% OINTMENT	Skin Conditions	This medication will be a preferred brand.
	XYOSTED 50 MG/0.5 ML, 75MG/0.5ML, 100MG/0.5ML AUTO-INJ	Hormonal Agents	This medication will be a preferred brand.
February 4th	MENQUADFI VIAL	Vaccines	This medication will be a preferred brand.
	PENBRAYA KIT	Vaccines	This medication will be a preferred brand.
January 26th	FREESTYLE LIBRE 3 READER	Diabetes	This medication will be a preferred brand.
	OMVOH 100 MG/ML PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
	RYKINDO ER VIAL/VIAL KIT	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand.
	UZEDY ER SYRINGE	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand.
	ZURZUVAE CAPSULE	Anxiety/Depression/Bipolar Disorder	This medication will be a preferred brand.
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics	Will move/moved to a lower generic tier.
January 16th	ZEPBOUND PEN	Weight Management	This medication will be a preferred brand.
January 15th	AIRSUPRA 90-80 MCG INHALER	Asthma/COPD/Respiratory	This medication will be a preferred brand.
January 12th	APRETUDE ER 600 MG/3 ML VIAL	AIDS/HIV	This medication will be a preferred brand.
	BOSULIF 50MG, 100MG CAPSULE	Cancer	This medication will be a preferred brand.
	ROZLYTREK 50 MG PELLET PACKET	Cancer	This medication will be a preferred brand.

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who
have coverage
through their
employer

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

Review the 2024 drug list at [Cigna.com/druglist](https://www.cigna.com/druglist) to see which tier the medication will be covered on

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1st	bupropion hcl er 200mg tablet	Anxiety/Depression/ Bipolar Disorder	Will move/moved to a lower generic tier.
	dexamethasone 0.5mg/5ml elixir	Hormonal Agents	Will move/moved to a lower generic tier.
	diltiazem 24h er(xr) 120, 180, 240mg cap	Blood Pressure/ Heart Medications	Will move/moved to a lower generic tier.
	glipizide xl 2.5, 5, 10mg tablet	Diabetes	Will move/moved to a lower generic tier.
	INSULIN LISPRO (UIOO KWIKPEN, JR KWIKPEN, MIX KWIKPEN)	Diabetes	This medication will be a preferred brand.
	PREGNYL	Infertility	This medication will be a non-preferred brand.
	STRIVERDI RESPIMAT	Asthma/COPD/ Respiratory	This medication will be a preferred brand.
	taztia xt 120, 180, 240, 300, 360mg cap	Blood Pressure/ Heart Medications	Will move/moved to a lower generic tier.

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/druglist](https://www.cigna.com/druglist) to see which tier the medication will be covered on

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	mirtazapine 15mg, 30mg, 45mg odt	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about your options.
April 18th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
April 12th	REZDIFFRA	Gastrointestinal/ Heartburn	Talk with your doctor about your options.
March 22nd	LYBALVI 5-IOMG, 10-IOMG, 15-IOMG, 20-IOMG TABLET	Schizophrenia/Anti-Psychotics	aripiprazole, asenapine, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone
	VOQUEZNA DUAL PAK VOQUEZNA TRIPLE PAK	Gastrointestinal/ Heartburn	bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
March 1st	VEOZAH 45 MG TABLET	Miscellaneous	Talk with your doctor about your options.
February 16th	VEVYE 0.1% EYE DROP	Eye Conditions	cyclosporine eye emulsion, RESTASIS MULTIDOSE, XIIDRA
	ZORYVE 0.3% FOAM	Skin Conditions	betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole topical, mometasone furoate

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will move to a higher tier (cont.)

Review the 2024 drug list at [Cigna.com/druglist](https://www.cigna.com/druglist) to see which tier the medication will be covered on

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
February 1st	CELONTIN 300 MG CAPSULE	Seizure Disorders	methsuximide
	DAYTRANA 10 MG/9 HR PATCH, 15 MG/9 HR PATCH, 20 MG/9 HOUR PATCH, 30 MG/9 HOUR PATCH	Attention Deficit Hyperactivity Disorder	methylphenidate
	IRESSA 250 MG TABLET	Cancer	gefitinib
	NARCAN 4 MG NASAL SPRAY	Substance Abuse	naloxone nasal spray
	SIVEXTRO 200MG VIAL	Infections	The patient should speak to their doctor about their options.
	SYMBICORT 80-4.5 MCG INHALER, 160-4.5 MCG INHALER	Asthma/COPD/Respiratory	breyna, budesonide-formoterol
January 26th	VOQUEZNA 10MG, 20MG TABLET	Gastrointestinal/Heartburn	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
January 25th	OGSIVEO	Cancer	The patient should speak to their doctor about their options.
January 12th	OPFOLDA 65 MG CAPSULE	Miscellaneous	LUMIZYME
	VOTRIENT 200 MG TABLET	Cancer	pazopanib
January 1st	ENDOMETRIN	Infertility	This medication will be a non-preferred brand.
	PREGNYL	Infertility	This medication will be a non-preferred brand.

Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
February 4th	HALOBETASOL PROP 0.05% FOAM	Skin Conditions
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics

Medications that will need approval before they can be covered⁴

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
May 17th	REZDIFFRA	Gastrointestinal/Heartburn
April 5th	FILSUVEZ	Skin Conditions
February 2nd	YARGESA	Miscellaneous
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics
January 16th	ZEPBOUND PEN	Weight Management
January 1st	TRAMADOL	Pain Relief and Inflammatory Disease

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity limit⁴

The patient's plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
August 1st	XOLAIR 75MG, 150MG, 300MG AUTO-INJECTOR, 300 MG SYRINGE	Asthma/COPD/Respiratory
	VEVYE 0.1% EYE DROP	Eye Conditions
	ZORYVE 0.3% FOAM	Skin Conditions
June 1st	DEXCOM G6 RECEIVER/ G7 RECEIVER	Diabetes
	FREESTYLE LIBRE 3 READER	Diabetes
	MIEBO 100% EYE DROP	Eye Conditions
May 1st	BREO ELLIPTA 50/25 MCG INHALER	Asthma/COPD/Respiratory
	ILET INSULIN PUMP	Diabetes
	KALYDECO 5.8MG GRANULES PACKET	Asthma/COPD/Respiratory
	SOHONOS	Miscellaneous
March 19th	BOSULIF 50 MG CAPSULE	Cancer
	OMVOH 100 MG/ML PEN	Pain Relief and Inflammatory Disease
	ROZLYTREK 50 MG PELLETT PACKET	Cancer
	ZORYVE 0.3% FOAM	Skin Conditions
	ZURZUVAE 20MG, 25MG, 30MG CAPSULE	Anxiety/Depression/Bipolar Disorder
March 1st	ADALIMUMAB-ADAZ(CF) 40 MG PEN/SYRG	Pain Relief and Inflammatory Disease
	HYRIMOZ(CF) (SANDOZ) 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML SYRNG; HYRIMOZ(CF) (SANDOZ) 40 MG/0.4 ML, 80 MG/0.8 ML PEN	Pain Relief and Inflammatory Disease
	HYRIMOZ(CF) (SANDOZ) PEDI CROHN 80 MG, PSORIA 80-40MG PEN, CROHN-UC 80 MG PEN	Pain Relief and Inflammatory Disease
	HYRIMOZ(CF) (SANDOZ) PEDI CROHN 80-40MG	Pain Relief and Inflammatory Disease
February 16th	OPFOLDA 65 MG CAPSULE	Miscellaneous
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics
January 16th	ZEPBOUND PEN	Weight Management
January 1st	CEQUA 0.09% SOLUTION	Eye Conditions
	OMNIPOD DASH PDM KIT	Diabetes

Medications that are part of Step Therapy^{4,6}

The patient's plan doesn't cover these high-cost medications until they try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for them.

Date Change Starts	Medication Name	Drug Class
July 1st	gabapentin er 300mg, 600mg tablet	Seizure Disorders
	indomethacin 25mg/5ml susp	Pain Relief and Inflammatory Disease

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that are part of Step Therapy^{4,6}

The patient's plan doesn't cover these high-cost medications until they try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for them.

Date Change Starts	Medication Name	Drug Class
July 1st	loteprednol	Eye Conditions
June 1st	CYANOCOBALAMIN NASAL SPRAY	Nutritional/Dietary
	PODOFILOX 0.5% GEL	Skin Conditions
	VOQUEZNA (NOT COMBO PACK)	Gastrointestinal/Heartburn
May 9th	HALOBETASOL PROP 0.05% FOAM	Skin Conditions
May 1st	MITIGARE	Pain Relief and Inflammatory Disease

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16}

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	ADVAIR DISKUS 100-50, 250-50, 500-50	Asthma/COPD/Respiratory	fluticasone-salmeterol, wixela inhub
	COPAXONE 20MG/ML, 40MG/ML SYRINGE ¹⁵	Multiple Sclerosis	glatiramer, glatopa
	ENDOMETRIN 100MG VAG INSERT	Infertility	CRINONE 8%
	RUBRACA ¹⁷	Cancer	LYNPARZA
	ZEJULA TABLET ¹⁷	Cancer	LYNPARZA
May 1st	JESDUVROQ	Miscellaneous	The patient should speak to their doctor about their options.
April 26th	SOVUNA 200MG, 300MG TABLET	Infections	hydroxychloroquine tablets
April 1st	HUMIRA(CF) 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML SYRING HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF), CYLTEZO(CF), HUMIRA (Labeler A00074), HYRIMOZ(CF) (Labeler D00781)
March 22nd	AGAMREE 40 MG/ML SUSPENSION	Hormonal Agents	prednisone, prednisolone
	AUGTYRO 40 MG CAPSULE	Cancer	ROZLYTREK
	TRUQAP 160MG, 200MG TABLET	Cancer	anastrozole, exemestane, letrozole, tamoxifen, KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	WAINUA	Miscellaneous	The patient should speak to their doctor about their options.
	ZILBRYSQ	Miscellaneous	SOLIRIS
February 22nd	ZITUVIO 25MG, 50MG, 100MG TABLET	Diabetes	saxagliptin, JANUVIA

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
February 16th	ADALIMUMAB-AACF(CF) PEN 40MG	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, ADALIMUMAB-ADB, HYRIMOZ (Sandoz)
	FRUZAQLA 1 MG, 5MG CAPSULE	Cancer	LONSURF
February 2nd	COXANTO 300 MG CAPSULE	Pain Relief and Inflammatory Disease	oxaprozin, diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
	JYLAMVO 2 MG/ML ORAL SOLUTION	Cancer	methotrexate tabs
	LIKMEZ 500 MG/5 ML SUSPENSION	Infections	metronidazole tablets
	OXAPROZIN 300 MG CAPSULE	Pain Relief and Inflammatory Disease	oxaprozin, diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
January 26th	ENTYVIO 108 MG/0.68 ML PEN	Gastrointestinal/Heartburn	ENTYVIO IV, OMVOH PEN, STELARA SC
	VELSIPITY 2 MG TABLET	Pain Relief and Inflammatory Disease	HUMIRA, OMVOH PEN, RINVOQ, SIMPONI 100MG, STELARA SC, XELJANZ, ZEPOSIA
	XPHOZAH TABLET	Nutritional/Dietary	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl, VELPHORO
January 16th	BIMZELX 160 MG/ML AUTOINJECTOR/SYR	Pain Relief and Inflammatory Disease	SKYRIZI SC, STELARA SC, TALTZ, TREMFYA
January 12th	CABTREO 1.2%-0.15%-3.15% GEL	Skin Conditions	adapalene, adapalene- benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin-benzoyl peroxide, tretinoin, tretinoin micro
	YUFLYMA(CF) AI CROHNS-UC-HS 80	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB (CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN (Labeler D00781-Sandoz)
January 4th	TRAMADOL HCL 25 MG TABLET	Pain Relief and Inflammatory Disease	tramadol
January 1st	AMJEVITA(CF) ⁷ , AUTOINJECTOR ⁷	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
	AMJEVITA(CF) 20MG/0.2ML, 40MG/0.4ML SYR, 40MG/0.4ML, 80MG/0.8ML AUTOINJECTOR	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB (CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN (Labeler D00781-Sandoz)
	APLENZIN ¹³	Anxiety/Depression/Bipolar Disorder	bupropion xl 150 mg or 300 mg
	AUBAGIO ⁷	Multiple Sclerosis	teriflunomide
	BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
	BIDIL	Blood Pressure/Heart Medications	hydralazine, isosorbide dinitrate
	BRAFTOVI ¹³	Cancer	TAFINLAR, ZELBORAF

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who
have coverage
through their
employer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	CARAFATE	Gastrointestinal/Heartburn	sucralfate
	CHORIONIC GONADOTROPIN	Infertility	NOVAREL, OVIDREL
	CITRANATAL 90 DHA, ASSURE, B-CALM, BLOOM, DHA, HARMONY, MEDLEY, RX	Nutritional/Dietary	generic prenatal vitamins
	DYANAVEL XR ⁷	Attention Deficit Hyperactivity Disorder	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
	HYRIMOZ (NDCS STARTING WITH 83457) CORDAVIS	Pain Relief and Inflammatory Disease	HYRIMOZ by (Sandoz)
	IBRANCE ⁵	Cancer	KISQALI, VERZENIO
	KEVEYIS ⁸	Miscellaneous	dichlorophenamide
	KUVAN ⁷	Miscellaneous	sapropterin
	LATUDA	Schizophrenia/Anti-Psychotics	lurasidone
	LEVEMIR, FLEXPEN, FLEXTOUCH	Diabetes	SEMGLEE (YFGN), TOUJEO, TRESIBA
	LUZU	Skin Conditions	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	MEKTOVI ¹³	Cancer	COTELLIC, MEKINIST
	NATESTO ⁷	Hormonal Agents	testosterone gel, testosterone solution, ANDRODERM PATCHES
	NORDITROPIN FLEXPRO ⁷	Hormonal Agents	GENOTROPIN, OMNITROPE
	OXMOLEX ER ⁸	Parkinson's Disease	amantadine capsules, amantadine oral solution, amantadine tablets
	OXAYDO ¹³	Pain Relief and Inflammatory Disease	oxycodone
	QUILLICHEW ER ⁷	Attention Deficit Hyperactivity Disorder	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
	QUILLIVANT XR ⁷	Attention Deficit Hyperactivity Disorder	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SIVEXTRO ⁷	Infections	linezolid
	STEGLUJAN ⁷	Diabetes	GLYXAMBI
	VOQUEZNA DUAL PAK, TRIPLE PAK	Gastrointestinal/Heartburn	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who
have coverage
through their
employer

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives^{6,16} (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	XULTOPHY 100-3.6	Diabetes	SOLIQUA
	YONSA ⁵	Cancer	abiraterone, XTANDI
	ZOLPIMIST ⁷	Sleep Disorders/Sedatives	eszopiclone, zaleplon, zolpidem

Medications that will be covered as a generic

Date Change Starts	Medication Name	Drug Class
February 4th	HALOBETASOL PROP 0.05% FOAM	Skin Conditions
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics

Medications that will no longer be covered under the pharmacy benefit¹⁰

These medications will be considered benefit/plan exclusions. Talk with your doctor about your options.

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ*	Pain Relief and Inflammatory Disease

*This change only affects customers who have both pharmacy and medical benefits through Cigna Healthcare. For these customers, ENTYVIO SQ will be covered under the Cigna Healthcare medical benefit. If your doctor wants you to use this medication, ask your doctor to order it for you and bill it under your medical benefit. For customers who only have pharmacy benefits through Cigna Healthcare, your plan will continue to cover this medication under your pharmacy benefit.



Cigna Pathwell Specialty Drug List

For patients who
have coverage
through their
employer

These specialty medications aren't covered on the Cigna Pathwell SpecialtySM Drug List.^{6,12} However, there are preferred medications available that are used to treat the same condition. They're listed below. If you feel a preferred medication isn't right for your patient, your office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medications
ALYMSYS*	MVASI*, ZIRABEV*
ASCENIV*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
BIVIGAM*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
CUVITRU*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX- C*, XEMBIFY*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA**	NEULASTA*, NYVEPRIA*, ZIEXTENZO*
GAMMAGARD LIQUID*, GAMMAGARD S/D*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN, HYLECTA*	KANJINTI*, TRAZIMERA*
HERZUMA*	KANJINTI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX- C*, XEMBIFY*
INFUGEM	gemcitabine (generic GEMZAR)

Medication Name (not covered)	Preferred Medications
KALBITOR*	icatibant
LEMTRADA*	AVONEX*, AUBAGIO*, BAFIERTAM*, BETASERON, dalfampridine, dimethyl, EXTAVIA*, GILENYA*, glatiramer, glatopa, KESIMPTA*, MAYZENT*, OCREVUS*, PLEGRIDY*, PONVORY*, REBIF*, VUMERITY*
LEQVIO*	REPATHA
MAKENA*	hydroxyprogesterone caproate*
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEULASTA**	FULPHILA**, NYVEPRIA*, UDENYCA**, ZIEXTENZO*
NEUPOGEN	NIVESTYM, ZARXIO
OGIVRI*	KANJINTI*, TRAZIMERA*
ONTRUZANT*	KANJINTI*, TRAZIMERA*
ORENCIA IV*	ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMIFYA, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
PANZYGA*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*

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

* This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to Cigna.com/pathwellspecialty.

+ This does not apply to customers using the Cigna Healthcare Total Savings Prescription Drug List.

^ This only applies to customers using the Cigna Healthcare Total Savings Prescription Drug List.

Cigna Pathwell Specialty Drug List (cont.)

These specialty medications aren't covered on the Cigna Pathwell SpecialtySM Drug List.^{6,12} However, there are preferred medications available that are used to treat the same condition. They're listed below. If you feel a preferred medication isn't right for your patient, your office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medications
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN (repackaged, intravitreal inj)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC	DUROLANE, EUFLEXXA, GELSYN-3
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (not covered)	Preferred Medications
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
TYSABRI* (when used to treat Crohn's Disease)	AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, HUMIRA, INFLECTRA*
UDENYCA**	NEULASTA**, NYVEPRIA*, ZIEXTENZO*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY

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

* This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

+ This does not apply to customers using the Cigna Healthcare Total Savings Prescription Drug List.

^ This only applies to customers using the Cigna Healthcare Total Savings Prescription Drug List.



Cigna Essential 4-Tier Prescription Drug List – for Utah

For patients who
purchase their
own health plan
coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	fondaparinux sodium
alosetron hcl	imatinib mesylate
aminocaproic acid	leuprolide acetate
bexarotene capsule	metirosine
capecitabine	penicillamine tablet
carglumic acid	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tobramycin sulfate inhalation

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metirosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COTELLIC 20MG TABLET
AUBAGIO 7MG & 14MG TABLET	dalfampridine er 10mg tablet
AUSTEDO 6MG, 9MG & 12MG TABLET	DAURISMO 25MG & 100MG TABLET
BAFIERTAM DR 95MG CAPSULE	dimethyl fumarate 30-day start pack
BRAFTOVI 75MG CAPSULE	dimethyl fumarate dr 120mg & 240mg capsule
CABOMETYX 20MG, 40MG & 60MG TABLET	ERIVEDGE 150MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	ERLEADA 60MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)
CLIMARA PRO PATCH	EXKIVITY 40MG CAPSULE
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	fingolimod 0.5mg capsule
COPIKTRA 15MG & 25MG CAPSULE	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
CORLANOR 5MG & 7.5MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION

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

Cigna Essential 4-Tier Prescription Drug List – for Utah (cont.)

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
gefitinib 250MG tablet	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
GILENYA 0.5MG CAPSULE	SPORANOX 100MG CAPSULE
GILOTRIF 20MG, 30MG & 40MG TABLET	TAGRISSE 40MG & 80MG TABLET
HETLIOZ 20MG CAPSULE	TASCENSO ODT 0.25MG & 0.5MG TABLET
IDHIFA 50MG & 100MG TABLET	tasimelteon 20mg capsule
INGREZZA 40MG, 60MG & 80MG CAPSULE	TECFIDERA DR 120MG & 240MG CAPSULE
INLYTA 1MG & 5MG TABLET	TECFIDERA START PACK
INQOVI 35MG-100MG TABLET	teriflunomide 7mg & 14mg tablet
INREBIC 100MG CAPSULE	tetrabenazine 12.5mg & 25mg tablet
IRESSA 250MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
itraconazole 100mg capsule	TRULANCE 3MG TABLET
KISQALI 200MG, 400MG & 600MG DAILY DOSE	TUKYSA 50MG & 150MG TABLET
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	TURALIO 125MG & 200MG CAPSULE
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	VANCOCIN HCL 125MG & 250MG CAPSULE
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	vancomycin 250mg/5ml & 25mg/ml solution
LYRICA CR 82.5MG, 165MG & 330MG TABLET	vancomycin hcl 125mg & 250mg capsule
MAYZENT 0.25MG, 1MG & 2MG TABLET	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VENCLEXTA START PACK
NOXAFIL DR 100MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
NUBEQA 300MG TABLET	VITRAKVI 25MG & 100MG CAPSULE
OCALIVA 5MG & 10MG TABLET	VITRAKVI 20MG/ML SOLUTION
ODOMZO 200MG CAPSULE	VIZIMPRO 15MG, 30MG & 45MG TABLET
PONVORY 14-DAY START PACK	VUMERITY DR 231MG CAPSULE
PONVORY 20MG TABLET	WELIREG 40MG TABLET
posaconazole dr 100mg tablet	XENAZINE 12.5MG & 25MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	XTANDI 40MG CAPSULE
ROZLYTREK 100MG & 200MG CAPSULE	XTANDI 40MG & 80MG TABLET
RYDAPT 25MG CAPSULE	ZELBORAF 240MG TABLET
SCEMBLIX 40MG TABLET	ZEPOSIA START PACK & CAPSULE

Cigna Essential 4-Tier Prescription Drug List – for Utah (cont.)

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
sevelamer hcl	sevelamer carbonate
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



Cigna Plus 4-Tier Prescription Drug List – for Florida

For patients who
purchase their
own health plan
coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	INTELENCE (100 MG & 200 MG)
alosetron hcl	KALETRA TABS
aminocaproic acid	leuprolide acetate
bexarotene capsule	metirosine
capecitabine	penicillamine tablet
carglumic acid	pyrimethamine
deferiprone	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tiopronin
fondaparinux sodium	tobramycin sulfate inhalation
imatinib mesylate	

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metirosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
AUBAGIO 7MG & 14MG TABLET	COPIKTRA 15MG & 25MG CAPSULE
AUSTEDO 6MG, 9MG & 12MG TABLET	CORLANOR 5MG & 7.5MG TABLET
BAFIERTAM DR 95MG CAPSULE	COTELLIC 20MG TABLET
BRAFTOVI 75MG CAPSULE	dalfampridine er 10mg tablet
CABOMETYX 20MG, 40MG & 60MG TABLET	DAURISMO 25MG & 100MG TABLET
CALQUENCE 100MG CAPSULE & TABLET	dimethyl fumarate 30-day start pack
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	dimethyl fumarate dr 120mg & 240mg capsule
CLIMARA PRO PATCH	ERIVEDGE 150MG CAPSULE
	ERLEADA 60MG TABLET

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

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

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (l/wk)	ROZLYTREK 100MG & 200MG CAPSULE
EXKIVITY 40MG CAPSULE	RYDAPT 25MG CAPSULE
fingolimod 0.5mg capsule	SCEMBLIX 40MG TABLET
FIRVANQ 25MG/ML & 50MG/ML SOLUTION	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
FYCOMPA 0.5MG/ML ORAL SUSPENSION	SPORANOX 100MG CAPSULE
gefitinib 250MG tablet	TAGRISSE 40MG & 80MG TABLET
GILENYA 0.5MG CAPSULE	TASCENSO ODT 0.25MG & 0.5MG TABLET
GILOTRIF 20MG, 30MG & 40MG TABLET	tasimelteon 20mg capsule
HETLIOZ 20MG CAPSULE	TECFIDERA DR 120MG & 240MG CAPSULE
IDHIFA 50MG & 100MG TABLET	TECFIDERA START PACK
INGREZZA 40MG, 60MG & 80MG CAPSULE	teriflunomide 7mg & 14mg tablet
INLYTA 1MG & 5MG TABLET	tetrabenazine 12.5mg & 25mg tablet
INQOVI 35MG-100MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
INREBIC 100MG CAPSULE	TRULANCE 3MG TABLET
IRESSA 250MG TABLET	TUKYSA 50MG & 150MG TABLET
itraconazole 100mg capsule	TURALIO 125MG & 200MG CAPSULE
KISQALI 200MG, 400MG & 600MG DAILY DOSE	VANCOCIN HCL 125MG & 250MG CAPSULE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	vancomycin 250mg/5ml & 25mg/ml solution
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	vancomycin hcl 125mg & 250mg capsule
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
LYRICA CR 82.5MG, 165MG & 330MG TABLET	VENCLEXTA START PACK
MAYZENT 0.25MG, 1MG & 2MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VITRAKVI 25MG & 100MG CAPSULE
NOXAFIL DR 100MG TABLET	VITRAKVI 20MG/ML SOLUTION
NUBEQA 300MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
OCALIVA 5MG & 10MG TABLET	VUMERITY DR 231MG CAPSULE
ODOMZO 200MG CAPSULE	WELIREG 40MG TABLET
PONVORY 14-DAY START PACK	XENAZINE 12.5MG & 25MG TABLET
PONVORY 20MG TABLET	XTANDI 40MG CAPSULE
posaconazole dr 100mg tablet	XTANDI 40MG & 80MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	ZELBORAF 240MG TABLET
	ZEPOSIA START PACK & CAPSULE

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

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
DALIRESP	roflumilast
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
IRESSA ⁷	gefitinib
LATUDA ⁷	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG ⁷	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ ⁷	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



Cigna Plus 4-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 move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
AUBAGIO 7MG & 14MG TABLET	COPIKTRA 15MG & 25MG CAPSULE
AUSTEDO 6MG, 9MG & 12MG TABLET	CORLANOR 5MG & 7.5MG TABLET
BAFIERTAM DR 95MG CAPSULE	COTELLIC 20MG TABLET
BRAFTOVI 75MG CAPSULE	dalfampridine er 10mg tablet
CABOMETYX 20MG, 40MG & 60MG TABLET	DAURISMO 25MG & 100MG TABLET
CALQUENCE 100MG CAPSULE & TABLET	dimethyl fumarate 30-day start pack
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	dimethyl fumarate dr 120mg & 240mg capsule
CLIMARA PRO PATCH	ERIVEDGE 150MG CAPSULE
	ERLEADA 60MG TABLET

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

Cigna Plus 4-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 have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	pregabalin er 82.5mg, 165mg & 330mg tablet
EXKIVITY 40MG CAPSULE	ROZLYTREK 100MG & 200MG CAPSULE
fingolimod 0.5mg capsule	RYDAPT 25MG CAPSULE
FIRVANQ 25MG/ML & 50MG/ML SOLUTION	SCEMBLIX 40MG TABLET
FYCOMPA 0.5MG/ML ORAL SUSPENSION	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
gefitinib 250MG tablet	SPORANOX 100MG CAPSULE
GILENYA 0.5MG CAPSULE	TAGRISSO 40MG & 80MG TABLET
GILOTRIF 20MG, 30MG & 40MG TABLET	TASCENSO ODT 0.25MG & 0.5MG TABLET
HETLIOZ 20MG CAPSULE	tasimelteon 20mg capsule
IDHIFA 50MG & 100MG TABLET	TECFIDERA DR 120MG & 240MG CAPSULE
INGREZZA 40MG, 60MG & 80MG CAPSULE	TECFIDERA START PACK
INLYTA 1MG & 5MG TABLET	teriflunomide 7mg & 14mg tablet
INQOVI 35MG-100MG TABLET	tetrabenazine 12.5mg & 25mg tablet
INREBIC 100MG CAPSULE	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
IRESSA 250MG TABLET	TRULANCE 3MG TABLET
itraconazole 100mg capsule	TUKYSA 50MG & 150MG TABLET
KISQALI 200MG, 400MG & 600MG DAILY DOSE	TURALIO 125MG & 200MG CAPSULE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	VANCOCIN HCL 125MG & 250MG CAPSULE
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	vancomycin 250mg/5ml & 25mg/ml solution
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	vancomycin hcl 125mg & 250mg capsule
LYRICA CR 82.5MG, 165MG & 330MG TABLET	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
MAYZENT 0.25MG, 1MG & 2MG TABLET	VENCLEXTA START PACK
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
NOXAFIL DR 100MG TABLET	VITRAKVI 25MG & 100MG CAPSULE
NUBEQA 300MG TABLET	VITRAKVI 20MG/ML SOLUTION
OCALIVA 5MG & 10MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
ODOMZO 200MG CAPSULE	VUMERITY DR 231MG CAPSULE
PONVORY 14-DAY START PACK	WELIREG 40MG TABLET
PONVORY 20MG TABLET	XENAZINE 12.5MG & 25MG TABLET
posaconazole dr 100mg tablet	XTANDI 40MG CAPSULE
	XTANDI 40MG & 80MG TABLET
	ZELBORAF 240MG TABLET
	ZEPOSIA START PACK & CAPSULE

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

Cigna Plus 4-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 because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
CETROTIDE 0.25 MG KIT ¹³	cetrorelix acetate
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
DALIRESP	roflumilast
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG ⁷	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ ⁷	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



Cigna Premiere 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia

For patients who purchase their own health plan coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metirosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metirosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
AUBAGIO 7MG & 14MG TABLET	COPIKTRA 15MG & 25MG CAPSULE
AUSTEDO 6MG, 9MG & 12MG TABLET	CORLANOR 5MG & 7.5MG TABLET
BAFIERTAM DR 95MG CAPSULE	COTELLIC 20MG TABLET
BRAFTOVI 75MG CAPSULE	dalfampridine er 10mg tablet
CABOMETYX 20MG, 40MG & 60MG TABLET	DAURISMO 25MG & 100MG TABLET
CALQUENCE 100MG CAPSULE & TABLET	dimethyl fumarate 30-day start pack
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	dimethyl fumarate dr 120mg & 240mg capsule
CLIMARA PRO PATCH	ERIVEDGE 150MG CAPSULE
	ERLEADA 60MG TABLET

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

Cigna Plus 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	ROZLYTREK 100MG & 200MG CAPSULE
EXKIVITY 40MG CAPSULE	RYDAPT 25MG CAPSULE
fingolimod 0.5mg capsule	SCEMBLIX 40MG TABLET
FIRVANQ 25MG/ML & 50MG/ML SOLUTION	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
FYCOMPA 0.5MG/ML ORAL SUSPENSION	SPORANOX 100MG CAPSULE
gefitinib 250MG tablet	TAGRISSO 40MG & 80MG TABLET
GILENYA 0.5MG CAPSULE	TASCENSO ODT 0.25MG & 0.5MG TABLET
GILOTRIF 20MG, 30MG & 40MG TABLET	tasimelteon 20mg capsule
HETLIOZ 20MG CAPSULE	TECFIDERA DR 120MG & 240MG CAPSULE
IDHIFA 50MG & 100MG TABLET	TECFIDERA START PACK
INGREZZA 40MG, 60MG & 80MG CAPSULE	teriflunomide 7mg & 14mg tablet
INLYTA 1MG & 5MG TABLET	tetrabenazine 12.5mg & 25mg tablet
INQOVI 35MG-100MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
INREBIC 100MG CAPSULE	TRULANCE 3MG TABLET
IRESSA 250MG TABLET	TUKYSA 50MG & 150MG TABLET
itraconazole 100mg capsule	TURALIO 125MG & 200MG CAPSULE
KISQALI 200MG, 400MG & 600MG DAILY DOSE	VANCOCIN HCL 125MG & 250MG CAPSULE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	vancomycin 250mg/5ml & 25mg/ml solution
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	vancomycin hcl 125mg & 250mg capsule
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
LYRICA CR 82.5MG, 165MG & 330MG TABLET	VENCLEXTA START PACK
MAYZENT 0.25MG, 1MG & 2MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VITRAKVI 25MG & 100MG CAPSULE
NOXAFIL DR 100MG TABLET	VITRAKVI 20MG/ML SOLUTION
NUBEQA 300MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
OCALIVA 5MG & 10MG TABLET	VUMERITY DR 231MG CAPSULE
ODOMZO 200MG CAPSULE	WELIREG 40MG TABLET
PONVORY 14-DAY START PACK	XENAZINE 12.5MG & 25MG TABLET
PONVORY 20MG TABLET	XTANDI 40MG CAPSULE
posaconazole dr 100mg tablet	XTANDI 40MG & 80MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	ZELBORAF 240MG TABLET
	ZEPOSIA START PACK & CAPSULE

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

Cigna Plus 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁴	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
DALIRESP	roflumilast
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HETLIOZ ⁷	tasimelteon
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG ⁷	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL ⁷	bexarotene
tavaborole 5% soln	ciclopirox 8% soln
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ ⁷	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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

Cigna Plus 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered under the pharmacy benefit¹⁰
These medications will be considered benefit/plan exclusions. The patient should speak to their doctor about their options.

Medication Name	Medication Name
brimonidine gel	MIRVASO GEL

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



Cigna Essential 5-Tier Prescription Drug List – for Colorado

For patients who
purchase their
own health plan
coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	fondaparinux sodium
alosetron hcl	imatinib mesylate
aminocaproic acid	leuprolide acetate
bexarotene capsule	metirosine
capecitabine	penicillamine tablet
carglumic acid	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tobramycin sulfate inhalation

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metirosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COTELLIC 20MG TABLET
AUBAGIO 7MG & 14MG TABLET	dalfampridine er 10mg tablet
AUSTEDO 6MG, 9MG & 12MG TABLET	DAURISMO 25MG & 100MG TABLET
BAFIERTAM DR 95MG CAPSULE	dimethyl fumarate 30-day start pack
BRAFTOVI 75MG CAPSULE	dimethyl fumarate dr 120mg & 240mg capsule
CABOMETYX 20MG, 40MG & 60MG TABLET	ERIVEDGE 150MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	ERLEADA 60MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)
CLIMARA PRO PATCH	EXKIVITY 40MG CAPSULE
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	fingolimod 0.5mg capsule
COPIKTRA 15MG & 25MG CAPSULE	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
CORLANOR 5MG & 7.5MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION

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

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

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
gefitinib 250MG tablet	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
GILENYA 0.5MG CAPSULE	SPORANOX 100MG CAPSULE
GILOTRIF 20MG, 30MG & 40MG TABLET	TAGRISSE 40MG & 80MG TABLET
HETLIOZ 20MG CAPSULE	TASCENSO ODT 0.25MG & 0.5MG TABLET
IDHIFA 50MG & 100MG TABLET	tasimelteon 20mg capsule
INGREZZA 40MG, 60MG & 80MG CAPSULE	TECFIDERA DR 120MG & 240MG CAPSULE
INLYTA 1MG & 5MG TABLET	TECFIDERA START PACK
INQOVI 35MG-100MG TABLET	teriflunomide 7mg & 14mg tablet
INREBIC 100MG CAPSULE	tetrabenazine 12.5mg & 25mg tablet
IRESSA 250MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
itraconazole 100mg capsule	TRULANCE 3MG TABLET
KISQALI 200MG, 400MG & 600MG DAILY DOSE	TUKYSA 50MG & 150MG TABLET
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	TURALIO 125MG & 200MG CAPSULE
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	VANCOCIN HCL 125MG & 250MG CAPSULE
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	vancomycin 250mg/5ml & 25mg/ml solution
LYRICA CR 82.5MG, 165MG & 330MG TABLET	vancomycin hcl 125mg & 250mg capsule
MAYZENT 0.25MG, 1MG & 2MG TABLET	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VENCLEXTA START PACK
NOXAFIL DR 100MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
NUBEQA 300MG TABLET	VITRAKVI 25MG & 100MG CAPSULE
OCALIVA 5MG & 10MG TABLET	VITRAKVI 20MG/ML SOLUTION
ODOMZO 200MG CAPSULE	VIZIMPRO 15MG, 30MG & 45MG TABLET
PONVORY 14-DAY START PACK	VUMERITY DR 231MG CAPSULE
PONVORY 20MG TABLET	WELIREG 40MG TABLET
posaconazole dr 100mg tablet	XENAZINE 12.5MG & 25MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	XTANDI 40MG CAPSULE
ROZLYTREK 100MG & 200MG CAPSULE	XTANDI 40MG & 80MG TABLET
RYDAPT 25MG CAPSULE	ZELBORAF 240MG TABLET
SCEMBLIX 40MG TABLET	ZEPOSIA START PACK & CAPSULE

Cigna 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 because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
sevelamer hcl	sevelamer carbonate
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



Cigna Essential 5-Tier Prescription Drug List – for Utah

For patients who purchase their own health plan coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	fondaparinux sodium
alosetron hcl	imatinib mesylate
aminocaproic acid	leuprolide acetate
bexarotene capsule	metirosine
capecitabine	penicillamine tablet
carglumic acid	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tobramycin sulfate inhalation

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metirosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COTELLIC 20MG TABLET
AUBAGIO 7MG & 14MG TABLET	dalfampridine er 10mg tablet
AUSTEDO 6MG, 9MG & 12MG TABLET	DAURISMO 25MG & 100MG TABLET
BAFIERTAM DR 95MG CAPSULE	dimethyl fumarate 30-day start pack
BRAFTOVI 75MG CAPSULE	dimethyl fumarate dr 120mg & 240mg capsule
CABOMETYX 20MG, 40MG & 60MG TABLET	ERIVEDGE 150MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	ERLEADA 60MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)
CLIMARA PRO PATCH	EXKIVITY 40MG CAPSULE
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	fingolimod 0.5mg capsule
COPIKTRA 15MG & 25MG CAPSULE	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
CORLANOR 5MG & 7.5MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION

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

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

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
gefitinib 250MG tablet	pregabalin er 82.5mg, 165mg & 330mg tablet
GILENYA 0.5MG CAPSULE	ROZLYTREK 100MG & 200MG CAPSULE
GILOTRIF 20MG, 30MG & 40MG TABLET	RYDAPT 25MG CAPSULE
HETLIOZ 20MG CAPSULE	SCEMBLIX 40MG TABLET
IDHIFA 50MG & 100MG TABLET	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
INGREZZA 40MG, 60MG & 80MG CAPSULE	SPORANOX 100MG CAPSULE
INLYTA 1MG & 5MG TABLET	TAGRISSO 40MG & 80MG TABLET
INQOVI 35MG-100MG TABLET	TASCENSO ODT 0.25MG & 0.5MG TABLET
INREBIC 100MG CAPSULE	tasimelteon 20mg capsule
IRESSA 250MG TABLET	TECFIDERA DR 120MG & 240MG CAPSULE
itraconazole 100mg capsule	TECFIDERA START PACK
KISQALI 200MG, 400MG & 600MG DAILY DOSE	teriflunomide 7mg & 14mg tablet
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	tetrabenazine 12.5mg & 25mg tablet
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	TRULANCE 3MG TABLET
LYRICA CR 82.5MG, 165MG & 330MG TABLET	TUKYSA 50MG & 150MG TABLET
MAYZENT 0.25MG, 1MG & 2MG TABLET	TURALIO 125MG & 200MG CAPSULE
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VANCOCIN HCL 125MG & 250MG CAPSULE
NOXAFIL DR 100MG TABLET	vancomycin 250mg/5ml & 25mg/ml solution
NUBEQA 300MG TABLET	vancomycin hcl 125mg & 250mg capsule
OCALIVA 5MG & 10MG TABLET	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
ODOMZO 200MG CAPSULE	VENCLEXTA START PACK
PONVORY 14-DAY START PACK	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
PONVORY 20MG TABLET	
posaconazole dr 100mg tablet	

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

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
sevelamer hcl	sevelamer carbonate
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



Cigna Plus 5-Tier Prescription Drug List – for Florida

For patients who purchase their own health plan coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	INTELENCE (100 MG & 200 MG)
alosetron hcl	KALETRA TABS
aminocaproic acid	leuprolide acetate
bexarotene capsule	metirosine
capecitabine	penicillamine tablet
carglumic acid	pyrimethamine
deferiprone	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tiopronin
fondaparinux sodium	tobramycin sulfate inhalation
imatinib mesylate	

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metirosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
AUBAGIO 7MG & 14MG TABLET	COPIKTRA 15MG & 25MG CAPSULE
AUSTEDO 6MG, 9MG & 12MG TABLET	CORLANOR 5MG & 7.5MG TABLET
BAFIERTAM DR 95MG CAPSULE	COTELLIC 20MG TABLET
BRAFTOVI 75MG CAPSULE	dalfampridine er 10mg tablet
CABOMETYX 20MG, 40MG & 60MG TABLET	DAURISMO 25MG & 100MG TABLET
CALQUENCE 100MG CAPSULE & TABLET	dimethyl fumarate 30-day start pack
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	dimethyl fumarate dr 120mg & 240mg capsule
CLIMARA PRO PATCH	ERIVEDGE 150MG CAPSULE
	ERLEADA 60MG TABLET

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

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

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	ROZLYTREK 100MG & 200MG CAPSULE
EXKIVITY 40MG CAPSULE	RYDAPT 25MG CAPSULE
fingolimod 0.5mg capsule	SCEMBLIX 40MG TABLET
FIRVANQ 25MG/ML & 50MG/ML SOLUTION	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
FYCOMPA 0.5MG/ML ORAL SUSPENSION	SPORANOX 100MG CAPSULE
gefitinib 250MG tablet	TAGRISSO 40MG & 80MG TABLET
GILENYA 0.5MG CAPSULE	TASCENSO ODT 0.25MG & 0.5MG TABLET
GILOTRIF 20MG, 30MG & 40MG TABLET	tasimelteon 20mg capsule
HETLIOZ 20MG CAPSULE	TECFIDERA DR 120MG & 240MG CAPSULE
IDHIFA 50MG & 100MG TABLET	TECFIDERA START PACK
INGREZZA 40MG, 60MG & 80MG CAPSULE	teriflunomide 7mg & 14mg tablet
INLYTA 1MG & 5MG TABLET	tetrabenazine 12.5mg & 25mg tablet
INQOVI 35MG-100MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
INREBIC 100MG CAPSULE	TRULANCE 3MG TABLET
IRESSA 250MG TABLET	TUKYSA 50MG & 150MG TABLET
itraconazole 100mg capsule	TURALIO 125MG & 200MG CAPSULE
KISQALI 200MG, 400MG & 600MG DAILY DOSE	VANCOCIN HCL 125MG & 250MG CAPSULE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	vancomycin 250mg/5ml & 25mg/ml solution
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	vancomycin hcl 125mg & 250mg capsule
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
LYRICA CR 82.5MG, 165MG & 330MG TABLET	VENCLEXTA START PACK
MAYZENT 0.25MG, 1MG & 2MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VITRAKVI 25MG & 100MG CAPSULE
NOXAFIL DR 100MG TABLET	VITRAKVI 20MG/ML SOLUTION
NUBEQA 300MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
OCALIVA 5MG & 10MG TABLET	VUMERITY DR 231MG CAPSULE
ODOMZO 200MG CAPSULE	WELIREG 40MG TABLET
PONVORY 14-DAY START PACK	XENAZINE 12.5MG & 25MG TABLET
PONVORY 20MG TABLET	XTANDI 40MG CAPSULE
posaconazole dr 100mg tablet	XTANDI 40MG & 80MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	ZELBORAF 240MG TABLET
	ZEPOSIA START PACK & CAPSULE

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

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
DALIRESP	roflumilast
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
IRESSA ⁷	gefitinib
LATUDA ⁷	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG ⁷	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ ⁷	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



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

For patients who purchase their own health plan coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
AUBAGIO 7MG & 14MG TABLET	COPIKTRA 15MG & 25MG CAPSULE
AUSTEDO 6MG, 9MG & 12MG TABLET	CORLANOR 5MG & 7.5MG TABLET
BAFIERTAM DR 95MG CAPSULE	COTELLIC 20MG TABLET
BRAFTOVI 75MG CAPSULE	dalfampridine er 10mg tablet
CABOMETYX 20MG, 40MG & 60MG TABLET	DAURISMO 25MG & 100MG TABLET
CALQUENCE 100MG CAPSULE & TABLET	dimethyl fumarate 30-day start pack
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	dimethyl fumarate dr 120mg & 240mg capsule
CLIMARA PRO PATCH	ERIVEDGE 150MG CAPSULE

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

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

For patients who purchase their own health plan coverage

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
ERLEADA 60MG TABLET	ROZLYTREK 100MG & 200MG CAPSULE
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	RYDAPT 25MG CAPSULE
EXKIVITY 40MG CAPSULE	SCEMBLIX 40MG TABLET
fingolimod 0.5mg capsule	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
FIRVANQ 25MG/ML & 50MG/ML SOLUTION	SPORANOX 100MG CAPSULE
FYCOMPA 0.5MG/ML ORAL SUSPENSION	TAGRISSO 40MG & 80MG TABLET
gefitinib 250MG tablet	TASCENSO ODT 0.25MG & 0.5MG TABLET
GILENYA 0.5MG CAPSULE	tasimelteon 20mg capsule
GILOTRIF 20MG, 30MG & 40MG TABLET	TECFIDERA DR 120MG & 240MG CAPSULE
HETLIOZ 20MG CAPSULE	TECFIDERA START PACK
IDHIFA 50MG & 100MG TABLET	teriflunomide 7mg & 14mg tablet
INGREZZA 40MG, 60MG & 80MG CAPSULE	tetrabenazine 12.5mg & 25mg tablet
INLYTA 1MG & 5MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
INQOVI 35MG-100MG TABLET	TRULANCE 3MG TABLET
INREBIC 100MG CAPSULE	TUKYSA 50MG & 150MG TABLET
IRESSA 250MG TABLET	TURALIO 125MG & 200MG CAPSULE
itraconazole 100mg capsule	VANCOCIN HCL 125MG & 250MG CAPSULE
KISQALI 200MG, 400MG & 600MG DAILY DOSE	vancomycin 250mg/5ml & 25mg/ml solution
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	vancomycin hcl 125mg & 250mg capsule
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	VENCLEXTA START PACK
LYRICA CR 82.5MG, 165MG & 330MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
MAYZENT 0.25MG, 1MG & 2MG TABLET	VITRAKVI 25MG & 100MG CAPSULE
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VITRAKVI 20MG/ML SOLUTION
NOXAFIL DR 100MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
NUBEQA 300MG TABLET	VUMERITY DR 231MG CAPSULE
OCALIVA 5MG & 10MG TABLET	WELIREG 40MG TABLET
ODOMZO 200MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
PONVORY 14-DAY START PACK	XTANDI 40MG CAPSULE
PONVORY 20MG TABLET	XTANDI 40MG & 80MG TABLET
posaconazole dr 100mg tablet	ZELBORAF 240MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	ZEPOSIA START PACK & CAPSULE

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

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

For patients who purchase their own health plan coverage

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
CETROTIDE 0.25 MG KIT ¹³	cetrorelix acetate
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
DALIRES ⁷	roflumilast
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG ⁷	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL ⁷	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ ⁷	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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



Cigna Premiere 5-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia

For patients who purchase their own health plan coverage

Medications that will move to a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see which tier the medication will be covered on

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

Medications that will need approval before they can be covered

The patient's plan will only cover this medication if their doctor's office requests, and receives, prior authorization from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

Medications that will have a quantity limit

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
AUBAGIO 7MG & 14MG TABLET	COPIKTRA 15MG & 25MG CAPSULE
AUSTEDO 6MG, 9MG & 12MG TABLET	CORLANOR 5MG & 7.5MG TABLET
BAFIERTAM DR 95MG CAPSULE	COTELLIC 20MG TABLET
BRAFTOVI 75MG CAPSULE	dalfampridine er 10mg tablet
CABOMETYX 20MG, 40MG & 60MG TABLET	DAURISMO 25MG & 100MG TABLET
CALQUENCE 100MG CAPSULE & TABLET	dimethyl fumarate 30-day start pack
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	dimethyl fumarate dr 120mg & 240mg capsule
CLIMARA PRO PATCH	ERIVEDGE 150MG CAPSULE
	ERLEADA 60MG TABLET

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

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

For patients who purchase their own health plan coverage

Medications that will have a quantity limit (cont.)

The patient's plan will only cover up to a certain amount of medication at one time.

Medication Name	Medication Name
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	ROZLYTREK 100MG & 200MG CAPSULE
EXKIVITY 40MG CAPSULE	RYDAPT 25MG CAPSULE
fingolimod 0.5mg capsule	SCEMBLIX 40MG TABLET
FIRVANQ 25MG/ML & 50MG/ML SOLUTION	SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH
FYCOMPA 0.5MG/ML ORAL SUSPENSION	SPORANOX 100MG CAPSULE
gefitinib 250MG tablet	TAGRISSO 40MG & 80MG TABLET
GILENYA 0.5MG CAPSULE	TASCENSO ODT 0.25MG & 0.5MG TABLET
GILOTRIF 20MG, 30MG & 40MG TABLET	tasimelteon 20mg capsule
HETLIOZ 20MG CAPSULE	TECFIDERA DR 120MG & 240MG CAPSULE
IDHIFA 50MG & 100MG TABLET	TECFIDERA START PACK
INGREZZA 40MG, 60MG & 80MG CAPSULE	teriflunomide 7mg & 14mg tablet
INLYTA 1MG & 5MG TABLET	tetrabenazine 12.5mg & 25mg tablet
INQOVI 35MG-100MG TABLET	THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE
INREBIC 100MG CAPSULE	TRULANCE 3MG TABLET
IRESSA 250MG TABLET	TUKYSA 50MG & 150MG TABLET
itraconazole 100mg capsule	TURALIO 125MG & 200MG CAPSULE
KISQALI 200MG, 400MG & 600MG DAILY DOSE	VANCOCIN HCL 125MG & 250MG CAPSULE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK	vancomycin 250mg/5ml & 25mg/ml solution
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE	vancomycin hcl 125mg & 250mg capsule
LINZESS 72MCG, 145MCG & 290MCG CAPSULE	VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET
LYRICA CR 82.5MG, 165MG & 330MG TABLET	VENCLEXTA START PACK
MAYZENT 0.25MG, 1MG & 2MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT	VITRAKVI 25MG & 100MG CAPSULE
NOXAFIL DR 100MG TABLET	VITRAKVI 20MG/ML SOLUTION
NUBEQA 300MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
OCALIVA 5MG & 10MG TABLET	VUMERITY DR 231MG CAPSULE
ODOMZO 200MG CAPSULE	WELIREG 40MG TABLET
PONVORY 14-DAY START PACK	XENAZINE 12.5MG & 25MG TABLET
PONVORY 20MG TABLET	XTANDI 40MG CAPSULE
posaconazole dr 100mg tablet	XTANDI 40MG & 80MG TABLET
pregabalin er 82.5mg, 165mg & 330mg tablet	ZELBORAF 240MG TABLET
	ZEPOSIA START PACK & CAPSULE

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

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

For patients who purchase their own health plan coverage

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives⁶

Medication Name	Generics and/or Preferred Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA ⁸	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION ⁷	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE ⁷	betaine
DALIRESP	roflumilast
ESBRIET ⁷	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HETLIOZ ¹⁴	tasimelteon
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA ⁷	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA ⁷	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR ⁷	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE ⁷	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG ⁷	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL ⁷	bexarotene
tavaborole 5% soln	ciclopirox 8% soln
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ ⁷	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES ⁷	icosapent ethyl
ZIEXTENZO ⁸	NEULASTA, NYVEPRIA, UDENYCA

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

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

For patients who purchase their own health plan coverage

Medications that will no longer be covered under the pharmacy benefit¹⁰
These medications will be considered benefit/plan exclusions. The patient should speak to their doctor about their options.

Medication Name	Medication Name
brimonidine gel	MIRVASO GEL

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



Cigna Pathwell Specialty Drug List

For patients who
purchase their
own health plan
coverage

These specialty medications aren't covered on the Cigna Pathwell SpecialtySM Drug List.^{6,12} However, there are preferred medications available that are used to treat the same condition. They're listed below. If you feel a preferred medication isn't right for your patient, your office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medications
ALYMSYS*	MVASI*, ZIRABEV*
ASCENIV*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
BIVIGAM*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
CUVITRU*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA*	NEULASTA*, NYVEPRIA*, UDENYCA*
FYLNETRA*	NEULASTA*, NYVEPRIA*, UDENYCA*
GAMMAGARD LIQUID*, GAMMAGARD S/D*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, TRAZIMERA*
HERZUMA*	KANJINTI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*

Medication Name (not covered)	Preferred Medications
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
LEMTRADA*	AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS*
LEQVIO*	REPATHA
MAKENA*	hydroxyprogesterone caproate*
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEUPOGEN	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
ORENCIA IV*	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
PANZYGA*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STIMUFEND*	NEULASTA*, NYVEPRIA*, UDENYCA*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3

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

*This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to Cigna.com/pathwellspecialty.

Cigna Pathwell Specialty Drug List (cont.)

These specialty medications aren't covered on the Cigna Pathwell SpecialtySM Drug List.^{6,12} However, there are preferred medications available that are used to treat the same condition. They're listed below. If you feel a preferred medication isn't right for your patient, your office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medications
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC	DUROLANE, EUFLEXXA, GELSYN-3
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
TYSABRI* (when used to treat Crohn's Disease)	AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, HUMIRA, INFLECTRA*

Medication Name (not covered)	Preferred Medications
TYSABRI* (when used to treat Multiple Sclerosis)	AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZIEXTENZO*	NEULASTA*, NYVEPRIA*, UDENYCA*

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

*This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to Cigna.com/pathwellspecialty.

Cigna Pathwell Specialty

For patients who purchase their own health plan coverage

Medications recently approved by the U.S. Food & Drug Administration

Cigna’s Pharmacy and Therapeutics Committee is currently reviewing the Cigna Pathwell SpecialtySM medications listed below for determination of coverage. In the meantime, if a provider would like their patient to use a newly approved medication, their office can ask Cigna to consider approving it through the coverage review process.

Date of Cigna Review	Medication Name/Class	Date Coverage Decided	Pathwell Network Required	Plans Affected
12/20/2023	ADZYNMA (Blood Modifying)	06/17/2024	No	C, I
12/27/2023	LOQTORZI (Cancer)	06/24/2024	TBD	C, I

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 document.** Certain state laws may require these changes to start at a later date. In **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. In **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.
For example, if Cigna Healthcare is making a change to your medication on July 1st but your new plan year doesn't start until October 1st, the change(s) won't affect you until October 1st. **We're letting you know now because we won't send you a reminder. It's up to you to remember that this change(s) will be taking place.** To find out if these laws apply to you, please call customer service using the number on your Cigna Healthcare ID card.
2. **Some medications are covered under the pharmacy benefit, some under the medical benefit, and others are covered under both benefits.** Medications that you fill at the pharmacy and take yourself are typically covered under the pharmacy benefit. You can find these medications listed in the Cigna Healthcare Standard Prescription Drug List. Medications that are injected or infused and are given to you at a doctor's office, an infusion center, or at home are typically covered under the medical benefit.
3. If your plan covers this medication on a specialty tier (Tier 4), your cost-share won't change.
4. **This change may not apply to your specific plan.** Log in to the **myCigna®** App or **myCigna.com**, or check your plan materials, to see if your plan has extra coverage requirements for this medication, such as prior authorization/precertification, quantity limits, Step Therapy and/or age requirements.
5. **If you're currently receiving coverage for this medication, this change won't affect you.** It will only affect customers using this medication for the first time, starting January 1st.
6. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare 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 by January 1st and continue to fill/order this medication, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
7. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31st (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
8. **If you currently have approval from Cigna Healthcare for this medication to be covered, this change won't affect you until your current approval period ends.**
9. **For customers 18 years and older who have approval from Cigna Healthcare for this medication to be covered:** Your plan will continue to cover this medication through December 31st (or the date you were approved through), whichever comes first. After that time, it will no longer be covered. **For customers 17 years and younger who have approval from Cigna Healthcare for this medication to be covered:** This change won't affect you (your medication will still be covered); however, starting January 1st, you'll pay your non-preferred brand cost-share to fill it.
10. There are certain medications and products that aren't covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For these medications, talk with your doctor about your options.
11. If Cigna Healthcare approves coverage of this medication, it may cost you more to fill. Starting January 1st, you'll pay your non-preferred brand cost-share. However, if your plan covers this medication on a specialty tier (Tier 4), your cost-share won't change.
12. Some states require out-of-network coverage. To find out if these state laws apply to your plan, please call customer service using the number on your Cigna Healthcare ID card.
13. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31, 2024.** After that time, it will no longer be covered.
14. **This change only affects customers filling a prescription for this medication for the first time on or after July 1st.** If you currently have approval from Cigna Healthcare for your plan to cover this medication, this change won't affect you on July 1st.
15. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through June 30th (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
16. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare 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 by July 1st and continue to fill/order this medication, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
17. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it for one year, through June 30, 2025.**

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

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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