

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 will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 15th | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | FABHALTA | Blood Modifiers/ Bleeding Disorders | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| March 15th | NGENLA | Hormonal Agents | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADBIM (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMVIY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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 [SEMGLÉE-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 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 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. |

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.)

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 | 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-ADBIM (CF) | Pain Relief and Inflammatory Disease |
| | VANFLYTA | Cancer |
| | XDEMYVY | 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 |

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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-ADB (CF) | Pain Relief and Inflammatory Disease |
| | VANFLYTA | Cancer |
| | XDEMVIY | 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 | 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 | 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 | CABTREG | 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, PROCRT, 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 |
| | ALOCRI L 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% |

Cigna Healthcare Standard 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 | 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 | brompheneramine-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.)

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 |

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

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered 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 I10MG 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 REDHALER |
| | QBRELIS | 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 |

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

Cigna Healthcare Standard Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered 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 |
| | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| | TOBEX 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 |

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.)

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 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 will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 15th | OMVOH IV | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | FABHALTA | Blood Modifiers/ Bleeding Disorders | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | ABILIFY ASIMTUFII | Schizophrenia/Anti- Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ARISTADA | Schizophrenia/Anti- Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ARISTADA INITIO | Schizophrenia/Anti- Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADBIM (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMVOY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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). |

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

Cigna Healthcare Performance Prescription Drug List (cont.)

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 |

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

Cigna Healthcare Performance Prescription Drug List (cont.)

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 ⁵ | Cancer | The patient should speak to their doctor about their options. |
| | CYCLOPHOSPHAMIDE 1GM/5ML VIAL ^{3,3} | Cancer | The patient should speak to their doctor about their options. |
| | CYCLOPHOSPHAMIDE 2GM/10ML VIAL ^{3,3} | 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.)

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 ⁵ | 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 ⁵ | 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 |
| | 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 |

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

For patients who have coverage through their employer

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 | TRUGAP | 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 |
| | XDEMYVY | 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.)

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 |
| | TEKTRUNA | 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 | ROZYLTRAK, 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, PROCIT, 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, 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 |
| | ALOCRI 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.)

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.)

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 I10MG 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 REDHALER |
| | QBRELIS | 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 |

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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 | 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 |
| | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| | TOBEX 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.

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



Cigna Healthcare Value 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 will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 15th | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | FABHALTA | Blood Modifiers/ Bleeding Disorders | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| March 15th | NGENLA | Hormonal Agents | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADBIM (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMVEY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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). |

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

Cigna Healthcare Value Prescription Drug List (cont.)

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.)

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 |
| | XDEMYVY | 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 |
| | XDEMYVY | Eye Conditions |

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

Cigna Healthcare Value Prescription Drug List (cont.)

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 | |

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

Cigna Healthcare Value Prescription Drug List (cont.)

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 |
| | 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 | 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 | ROZYLTRAK, 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 |

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

Cigna Healthcare Value Prescription Drug List (cont.)

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, 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-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.)

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, gentamicin 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.)

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.)

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 I10MG 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.)

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 |
| | 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 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.)

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 |
| | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| | TOBEX 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.

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

For patients who have coverage through their employer

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 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 will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 15th | OMVOH IV | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | ABILIFY ASIMTUFII | Schizophrenia/Anti- Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ARISTADA | Schizophrenia/Anti- Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ARISTADA INITIO | Schizophrenia/Anti- Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADB (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMVY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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) |

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.)

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 ⁵ | 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 IMG/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 IMG/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.)

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 |

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.)

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.)

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 | |
| | June 1st | AUGTYRO | Cancer | ROZYLTRAK, 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-ADBM CF, STELARA |
| | VELSIPITY | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADBM CF, STELARA |
| March 15th | APHEXDA | Cancer | plerixafor |
| | JESDUVROQ | Miscellaneous | EPOGEN, PROCREDIT, 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-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 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 | 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 IOMG 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 |

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.)

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 will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 15th | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| March 15th | NGENLA | Hormonal Agents | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADBIM (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMYVY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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 |

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 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 | SOLIQUA |
| | ZILBRYSQ | Miscellaneous | SOLIRIS |
| June 1st | AUGTYRO | Cancer | ROZYLTRAK, XALKORI, ZYKADIA |
| | IWILFIN | Cancer | JANUVIA, saxagliptin |
| | OGSIVEO | Cancer | Talk with your doctor about your options. |
| | RIVFLOZA | Miscellaneous | OXLUMO |
| | TRUQAP | Cancer | PIQRAY |
| May 15th | CABTREG | 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. |

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 |
|--------------------|----------------------|---|---|
| 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, KLOR-CON tablet/packet, KLOR-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 |
| | 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 PEN | Pain Relief and Inflammatory Disease |
| | VELSIPITY | Pain Relief and Inflammatory Disease |
| March 15th | JESDUVROQ | Miscellaneous |
| | MOTPOLY XR | Seizure Disorders |
| | NGENLA | Hormonal Agents |

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.)

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 |
| | ALOCRI 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 ^S | Diuretics |
| | CELEXA ^B | Anxiety/Depression/Bipolar Disorder |
| | CILOXAN 0.3% DROPS | Eye Conditions |
| | CILOXAN 0.3% OINTMENT ^{II} | Eye Conditions |

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

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

For patients who have coverage through their employer

Medications that will need 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 ¹¹ | Asthma/COPD/Respiratory |
| | FLOVENT HFA ¹¹ | Asthma/COPD/Respiratory |
| | FLUTICASONE-SALMETEROL ¹¹ (Authorized Generic for AIRDUO RESPICLICK) | Asthma/COPD/Respiratory |
| | FML FORTE 0.25% EYE DROPS ¹¹ | Eye Conditions |
| | FML LIQUIFILM 0.1% DROP | Eye Conditions |
| | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications |
| | HUMALOG (U-100 VIAL) ¹¹ | Diabetes |
| | INDERAL LA ⁸ | Blood Pressure/Heart Medications |
| | INDERAL XL ⁸ | Blood Pressure/Heart Medications |
| | INTUNIV | Attention Deficit Hyperactivity Disorder |
| | IOPIDINE 1% DROPS ¹¹ | 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 ¹¹ | Diabetes |

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

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

For patients who have coverage through their employer

Medications that will need 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 |

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.)

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-ADB M (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.

For patients who have coverage through their employer

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

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 will be a preferred medication under the Cigna Healthcare medical benefit. 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 medication under the Cigna Healthcare medical benefit. ² |
| | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| March 15th | NGENLA | Hormonal Agents | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | ABILIFY ASIMTUFII | Schizophrenia/Anti-Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ARISTADA | Schizophrenia/Anti-Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ARISTADA INITIO | Schizophrenia/Anti-Psychotics | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADBIM (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMVIY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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 | ROZYLTRAK, 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. |

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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 |
|---|--|---|---|
| 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. | |

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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 |
|--------------------|---|--|---|
| 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 |

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 |
|--------------------|-----------------------------------|--------------------------------------|
| 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 |
| | ALOCRI 2% | Eye Conditions |
| | ALOMIDE 0.1% | Eye Conditions |
| | ANALPRAM HC 2.5%-1% | Skin Conditions |
| | AVAR-E | Skin Conditions |
| | AVAR-E GREEN | 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 | Eye Conditions |
| | BETIMOL 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 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 |

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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 | ISTALOL 0.5% DROPS | Eye Conditions |
| | KAPSPARGO SPRINKLE [®] | 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 [®] | Cholesterol Medications |
| | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH [®] | Diabetes |
| | 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 [®] | 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 [®] | Eye Conditions |
| | PRED MILD 0.12% EYE DROPS [®] | 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 | PRISTIQ [®] | Anxiety/Depression/Bipolar Disorder |
| | PROZAC [®] | Anxiety/Depression/Bipolar Disorder |
| | PULMICORT FLEXHALER [®] | Asthma/COPD/Respiratory |
| | QBRELIS | Blood Pressure/Heart Medications |
| | RANEXA | Blood Pressure/Heart Medications |
| | REMERON | Anxiety/Depression/Bipolar Disorder |
| | RENVELA | Nutritional/Dietary |
| | 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 | Schizophrenia/Anti-Psychotics |
| | 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 [®] | 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 | |

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

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

For patients who have coverage through their employer

Medications that will have a quantity 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 |
| | XDEMYVY | Eye Conditions |
| January 15th | PAXLOVID | Infections |
| | VEOZAH | Miscellaneous |
| January 1st | 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 (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.

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

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 will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| May 1st | LEUKINE | Blood Modifiers/ Bleeding Disorders | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | NIVESTYM | Blood Modifiers/ Bleeding Disorders | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZARXIO | Blood Modifiers/ Bleeding Disorders | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 15th | OMVOH PEN | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| April 1st | CEQUR SIMPLICITY PATCH | Diabetes | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | TRINTELLIX | Anxiety/Depression/ Bipolar Disorder | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 15th | ZEPBOUND | Weight Management | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 9th | COTELLIC | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | ZELBORAF | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| February 1st | ADALIMUMAB-ADB (CF) | Pain Relief and Inflammatory Disease | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| | XDEMVY | Eye Conditions | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 15th | PAXLOVID | Infections | This will be a preferred medication under the Cigna Healthcare medical benefit. ² |
| January 8th | SUFLAVE | Gastrointestinal/ Heartburn | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit. ² |
| January 3rd | LENVIMA | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit. 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) |

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 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 |

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 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 |
| | 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 |
| | 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 |
| | XDEMY | Eye Conditions |
| January 15th | PAXLOVID | Infections |

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will have a quantity 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 | |

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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 | |
|--------------------|--|--------------------------------------|--|------------------------------|
| 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 | |
| | 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 | Cancer | bexarotene gel | |
| | TEKTURNA | Blood Pressure/ Heart Medications | aliskiren | |
| | TYMLOS ¹⁵ | Osteoporosis | teriparatide 600mcg/2.4ml | |
| | VOTRIENT ¹⁵ | Cancer | pazopanib | |
| | XULTOPHY | Diabetes | SOLIQUA | |
| | 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 | |
| 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, PROCIT, 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 |
| | 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.)

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 |

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 |
|--------------------|---|---|---|
| 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 IIOGM 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.)

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 |
| | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| | TOBEX 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 |

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 |
|--------------------|----------------------------|---|---------------------------------------|
| 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 |

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

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 PELLETT PACKET | Cancer | This medication will be a preferred brand. |

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 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 |

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

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 | breyana, 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 |

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Cigna Healthcare National Preferred Prescription Drug List (cont.)

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 |

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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 ¹⁵ | 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 ¹⁵ | 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.)

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.

For patients who have coverage through their employer

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 |
|--------------------|------------------------|---------------------------|---------------------------------------|
| 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 |
|-----------------------------------|---|
| ALYSYS* | 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, TREMFYA, XELJANZ, XELJANZ XR |
| ORTHOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| PANZYGA* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| RELEUKO | NIVESTYM, ZARXIO |
| REMICADE* | AVSOLA*, INFLECTRA* |
| REMODULIN* | treprostiniil* |
| 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](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 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 | metyrosine |
| 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 | 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 | 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 | VANCOGIN 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 | metyrosine |
| 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 | 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 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 | TAGRISO 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 | VANCOGIN 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 |
|---------------------|
| adefovir dipivoxil |
| alosetron hcl |
| aminocaproic acid |
| bexarotene capsule |
| capecitabine |
| carglumic acid |
| deferiprone |
| enoxaparin sodium |
| entecavir |
| etoposide |
| fondaparinux sodium |

| Medication Name |
|-------------------------------|
| imatinib mesylate |
| leuprolide acetate |
| metyrosine |
| penicillamine tablet |
| pyrimethamine |
| riluzole |
| sildenafil citrate |
| temozolomide |
| tiopronin |
| 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 |
|-----------------|
| BYDUREON |
| BYETTA |

| Medication Name |
|--------------------------|
| TRULICITY |
| 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 |
|---|
| AMPYRA ER 10MG TABLET |
| AUBAGIO 7MG & 14MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET |
| BAFIERTAM DR 95MG CAPSULE |
| BRAFTOVI 75MG CAPSULE |
| CABOMETYX 20MG, 40MG & 60MG TABLET |
| CALQUENCE 100MG CAPSULE & TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH |
| CLIMARA PRO PATCH |

| Medication Name |
|--|
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| COPIKTRA 15MG & 25MG CAPSULE |
| CORLANOR 5MG & 7.5MG TABLET |
| COTELLIC 20MG TABLET |
| dalfampridine er 10mg tablet |
| DAURISMO 25MG & 100MG TABLET |
| dimethyl fumarate 30-day start pack |
| dimethyl fumarate dr 120mg & 240mg capsule |
| 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.)

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 | VANCOGIN 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 |

Cigna Plus 4-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (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 |
| CETROTIDE 0.25 MG KIT ¹³ | cetorelix 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 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 Arizona, Indiana, South Carolina and Virginia (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 | TAGRISO 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 | VANOCIN 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 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 |
| tavorole 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 |



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 | metyrosine |
| 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 | 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 | 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 | TAGRISSO 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 | VANCOGIN 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.)

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, BREQ 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 | metyrosine |
| 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 | 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 | 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 | TAGRISO 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 | VANCOGIN 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 | metyrosine |
| 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 | 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 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 | VANCOGIN 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.)

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 |
|---|
| ERLEADA 60MG TABLET |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| EXKIVITY 40MG CAPSULE |
| fingolimod 0.5mg capsule |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250MG tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |
| pregabalin er 82.5mg, 165mg & 330mg tablet |

| Medication Name |
|---|
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANCOGIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG (10MG X 2), 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

Cigna Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Pennsylvania, Tennessee and Texas (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 |
| CETROTIDE 0.25 MG KIT ¹³ | cetorelix 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 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 | 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 | VANCOGIN 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 |
| tavorole 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 |



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.

For patients who purchase their own health plan coverage

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

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 <i>(Blood Modifying)</i> | 06/17/2024 | No | C, I |
| 12/27/2023 | LOGTORZI <i>(Cancer)</i> | 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 (شماره تلفن ویژه ناشنویان: شماره 711 را شمارگیری کنید).