

# Medication Coverage Changes

For 2025

These are the medication coverage changes Cigna Healthcare<sup>SM</sup> is making in 2025.<sup>1</sup> 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.

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For patients who have  
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# Cigna Healthcare Standard Prescription Drug List

## 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	ARNUITY ELLIPTA	Asthma/COPD/ Respiratory	This medication will be added to the drug list as a preferred brand (Tier 2)
	LYBALVI	Schizophrenia/ Anti-Psychotics	This medication will be added to the drug list as a non-preferred brand (Tier 3)
	RASUVO	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	REYVOW	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a non-preferred brand (Tier 3)
	TOBRADEX EYE DROPS	Eye Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
June 1	GRASTEK	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
	ORALAIR	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
	NEFFY	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)

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



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## Cigna Healthcare Standard 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 1	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk with your doctor about your other options.
	ROMVIMZA	Cancer	Talk with your doctor about your other options.
July 1	BETOPTIC S	Eye Conditions	brimonidine, dorzolamide, timolol, betaxolol, brimonidine-timolol, dorzolamide-timolol, latanoprost
	CAYA DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
	DEPO-SUBQ PROVERA	Contraception Products	medroxyprogesterone injection
	FEMCAP CERVICAL CAP	Contraception Products	Talk with your doctor about your other options.
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk with your doctor about your other options.
	LOMAIRA*	Weight Management	phentermine
	NOVOLIN N, R, 70/30	Diabetes	HUMULIN N, R, 70/30

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

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## Cigna Healthcare Standard 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
July 1	REXULTI	Schizophrenia/ Anti-Psychotics	aripiprazole; olanzapine; paliperidone er; quetiapine; quetiapine er; risperidone; ziprasidone
	SIMBRINZA	Eye Conditions	brimonidine, dorzolamide, timolol, betaxolol, brimonidine-timolol, dorzolamide-timolol, latanoprost
	TOBRADEX EYE OINTMENT	Eye Conditions	neomycin-bacitracin-polymyxin hc, sulfacetamide-prednisolone, neo-polycin hc, tobramycin- dexamethasone
	WIDE SEAL DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
June 15	REVUFORJ	Cancer	Talk to your doctor about other options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/ Bleeding Disorders	ZARXIO, NIVESTYM
May 15	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
April 1	ALYFTREK	Asthma/COPD/ Respiratory	Talk to your doctor about other options.
	ITOVEBI	Cancer	Talk to your doctor about other options.
March 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.
January 15	CREXONT	Parkinson's Disease	carbidopa/levodopa er
	VORANIGO	Cancer	Talk to your doctor about other options.
January 1	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG <sup>2</sup>	Cancer	leuprolide, FIRMAGON
	LUPRON DEPOT-PED <sup>3,4</sup>	Hormonal Agents	FENSOLVI

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	EVRYSDI 5 MG TABLET	Miscellaneous
	ROLVEDON	Blood Pressure/Heart Medications
	ROMVIMZA	Cancer

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

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
July 1	LOMAIRA	Weight Management
	REYVOW	Pain Relief and Inflammatory Disease
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
	ITOVEBI	Cancer
March 15	AQNEURSA	Nutritional/Dietary
	VELSIPITY	Pain Relief and Inflammatory Disease
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
February 1	IQIRVO	Gastrointestinal/Heartburn
January 15	VORANIGO	Cancer

## Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
July 1	JOURNAVX	Pain Relief and Inflammatory Disease
June 15	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
May 15	ATTRUBY	Miscellaneous

\* If this medication is approved, it will cost you more to fill. As of July 1, you'll pay your Tier 3 (non-preferred brand) cost-share.

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For patients who have coverage through their employer

# Cigna Healthcare Standard Prescription Drug List (cont.)

## Medications that will have a quantity limit<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
February 15	TWIIST	Diabetes
February 1	NEFFY	Allergy/Nasal Sprays
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

## Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
July 1	INVELTYS*	Eye Conditions
	LOTEMAX 0.5% EYE OINTMENT*	Eye Conditions
	LOTEMAX SM 0.38% OPHTHALMIC GEL*	Eye Conditions
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

## Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

There are other medications available that can be used to treat the same condition. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg
	XROMI ORAL SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	ACUVAIL	Eye Conditions	bromfenac drops; diclofenac drops; flurbiprofen drops; ketorolac drops
	ALINIA 500 MG TABLET	Infections	nitazoxanide
	ALREX	Eye Conditions	azelastine; bepotastine; cromolyn; epinastine; olopatadine
	ALVESCO	Asthma/COPD/Respiratory	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDHALER
	ANDROGEL <sup>17</sup>	Hormonal Agents	testosterone 1%, 1.62% packet
	ANNOVERA VAGINAL RING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	AZILECT	Parkinson's Disease	rasagiline
	BALCOLTRA	Contraception Products	generic oral contraceptives
	BENICAR <sup>17</sup>	Blood Pressure/Heart Medications	olmesartan
	BENICAR HCT <sup>17</sup>	Blood Pressure/Heart Medications	olmesartan-hctz
	BEYAZ	Contraception Products	generic oral contraceptives
	BROMSITE	Eye Conditions	bromfenac drops; diclofenac drops; flurbiprofen drops; ketorolac drops
	CELEBREX <sup>17</sup>	Pain Relief and Inflammatory Disease	celecoxib
	CIPRO HC	Ear Medications	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc
	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications	OTOVEL
	DIOVAN <sup>17</sup>	Blood Pressure/Heart Medications	valsartan
	DIOVAN HCT <sup>17</sup>	Blood Pressure/Heart Medications	valsartan-hctz
	EMFLAZA SUSPENSION, TABLET <sup>17</sup>	Hormonal Agents	deflazacort

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ESTRING	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert
	ESTROGEL	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	EVOXAC	Urinary Tract Conditions	cevimeline
	FEMARA	Cancer	letrozole
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin
	GASTROCROM	Allergy/Nasal Sprays	cromolyn
	GLUCAGEN 1 MG HYPOKIT	Diabetes	glucagon emergency kit; GVOKE HYPOPEN, KIT, SYRINGE; BAQSIMI
	GLUCAGON 1 MG EMERGENCY KIT	Diabetes	glucagon emergency kit; GVOKE HYPOPEN, KIT, SYRINGE; BAQSIMI
	IMURAN	Transplant Medications	azathioprine
	LETAIRIS <sup>17</sup>	Asthma/COPD/Respiratory	ambrisentan
	LEVBID	Gastrointestinal/Heartburn	hyoscyamine er
	LEVSIN SL	Gastrointestinal/Heartburn	hyoscyamine
	LOESTRIN 21 1.5-30, 1-20	Contraception Products	generic oral contraceptives
	LOESTRIN FE 1.5-21, 1.5-30, 1-20	Contraception Products	generic oral contraceptives
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet
	NATAZIA	Contraception Products	generic oral contraceptives
	NEXTSTELLIS	Contraception Products	generic oral contraceptives
	NON-BD SYRINGE	Diabetes	BD SYRINGE
	NORVASC	Blood Pressure/Heart Medications	amlodipine
	NUVARING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	OTREXUP <sup>17</sup>	Pain Relief and Inflammatory Disease	RASUVO
	PERCOCET <sup>17</sup>	Pain Relief and Inflammatory Disease	oxycodone-acetaminophen
	PLAQUENIL <sup>17</sup>	Infections	hydroxychloroquine
	PLAVIX	Blood Thinners/Anti-Clotting	clopidogrel
	PONVORY <sup>16</sup>	Multiple Sclerosis	dimethyl, fingolimod
	PREVIDENT 5000 PLUS	Dental Products	denta 5000 plus
	PULMICORT	Asthma/COPD/Respiratory	budesonide
	PYRIDIUM	Urinary Tract Conditions	phenazopyridine
	QUARTETTE	Contraception Products	generic oral contraceptives
	SAFYRAL	Contraception Products	generic oral contraceptives
	SAVAYSA <sup>18</sup>	Blood Thinners/Anti-Clotting	dabigatran, XARELTO, ELIQUIS
	SINGULAIR	Asthma/COPD/Respiratory	montelukast
	SKYTROFA <sup>17</sup>	Hormonal Agents	NGENLA
	SLYND	Contraception Products	generic oral contraceptives
	SOVALDI <sup>16</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER	Asthma/COPD/Respiratory	tiotropium
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene-betamethasone dp suspension
	TAYTULLA	Contraception Products	generic oral contraceptives
	TOBRADEX ST 0.3-0.05% EYE DROPS	Eye Conditions	neomycin-bacitracin-polymyxin-hc, sulfacetamide-prednisolone, neopolycin hc, tobramycin-dexamethasone

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	TWIRLA	Contraception Products	norelgestromin-ethinyl estradiol, XULANE, ZAFEMY
	TYBLUME	Contraception Products	generic oral contraceptives
	UROXATRAL	Urinary Tract Conditions	alfuzosin er
	VYTORIN <sup>17</sup>	Cholesterol Medications	ezetimibe-simvastatin
	VYVANSE	Attention Deficit Hyperactivity Disorder	lisdexamfetamine capsule, chewable tablet
	YASMIN	Contraception Products	generic oral contraceptives
	YAZ	Contraception Products	generic oral contraceptives
	ZAVZPRET <sup>17</sup>	Pain Relief and Inflammatory Disease	almotriptan, eletriptan, naratriptan, sumatriptan, NURTEC ODT, UBRELVY, QULIPTA
	ZEGALOGUE AUTO-INJECTOR, SYRINGE	Diabetes	glucagon emergency kit; GVOKE HYPOPEN, KIT, SYRINGE; BAQSIMI
	ZERVIAE	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	ZETIA	Cholesterol Medications	ezetimibe
	ZYLET	Eye Conditions	neomycin-bacitracin-polymyxin-hc, sulfacetamide-prednisolone, neo-polycin hc, tobramycin-dexamethasone
June 15	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
June 1	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
May 1	EMROSI	Infections	minocycline, doxycycline
	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
May 1	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	carbidopa-levodopa er
March 15	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	Talk to your doctor about other options.
	UNDECATREX	Hormonal Agents	Talk to your doctor about other options.
March 1	SPRAVATO	Anxiety/Depression/Bipolar Disorder	Talk to your doctor about other options.
February 15	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/Heartburn	IQIRVO
	TRYVIO	Blood Pressure/Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
January 1	ACIPHEX <sup>3</sup>	Gastrointestinal/Heartburn	rabeprazole
	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ALTACE <sup>3</sup>	Blood Pressure/ Heart Medications	ramipril
	AVAPRO <sup>3</sup>	Blood Pressure/ Heart Medications	irbesartan
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/ Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate- potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	COZAAR <sup>3</sup>	Blood Pressure/ Heart Medications	losartan
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT <sup>2</sup>	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB- ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet
	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)
	LOMOTIL	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	MEKTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	MYFORTIC	Transplant Medications	mycophenolic acid
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET <sup>3</sup>	Gastrointestinal/ Heartburn	SYMPROIC, MOVANTI, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SPRYCEL	Cancer	dasatinib
	SUFLAVE	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate- potassium sulfate-magnesium sulfate, peg-prep

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



For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	SUTAB	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er
	ZESTRIL <sup>3</sup>	Blood Pressure/ Heart Medications	lisinopril

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV

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

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

Date Change Starts	Medication Name	Drug Class	Preferred Medications
July 1	ARALAST NP <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA

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For patients who have coverage through their employer

Cigna Healthcare Standard Prescription Drug List (cont.)

Medications that will no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	hyophen	Infections
	me-naphos-mb-hyo l	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections
	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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## Cigna Healthcare Performance Prescription Drug List

### 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	ARNUITY ELLIPTA	Asthma/COPD/ Respiratory	This medication will be added to the drug list as a preferred brand (Tier 2)
	CAYA DIAPHRAGM	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	FEMCAP CERVICAL CAP	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	LYBALVI	Schizophrenia/ Anti-Psychotics	This medication will be added to the drug list as a non-preferred brand (Tier 3)
	NEXPLANON IMPLANT	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	NGENLA	Hormonal Agents	This medication will be added to the drug list as a preferred brand (Tier 2)
	RASUVO	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	REYVOW	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a non-preferred brand (Tier 3)
	TOBRADEX EYE DROPS	Eye Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
June 1	GRASTEK	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
	ORALAIR	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)

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## Cigna Healthcare Performance Prescription Drug List

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
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
	NEFFY	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
January 15	TREMFYA IV	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
January 1	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

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For patients who have coverage through their employer

# Cigna Healthcare Performance Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk with your doctor about your other options.
	ROMVIMZA	Cancer	Talk with your doctor about your other options.
July 1	BETOPTIC S	Eye Conditions	brimonidine, dorzolamide, timolol, betaxolol, brimonidine-timolol, dorzolamide-timolol, latanoprost
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk with your doctor about your other
	LOMAIRA*	Weight Management	phentermine
	REXULTI	Schizophrenia/ Anti-Psychotics	aripiprazole, olanzapine, paliperidone er, quetiapine, quetiapine er, risperidone, ziprasidone
	SIMBRINZA	Eye Conditions	brimonidine, dorzolamide, timolol, betaxolol, brimonidine-timolol, dorzolamide-timolol, latanoprost
	TOBRADEX EYE OINTMENT	Eye Conditions	neomycin-bacitracin-polymyxin hc, sulfacetamide-prednisolone, neopolycin hc, tobramycin-dexamethasone
June 15	REVUFORJ	Cancer	Talk to your doctor about other options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/ Bleeding Disorders	ZARXIO, NIVESTYM
April 30	FOCINVEZ	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	POSFREA	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
April 15	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
April 1	ALYFTREK	Asthma/COPD/ Respiratory	Talk to your doctor about other options.
	ITOVEBI	Cancer	Talk to your doctor about other options.
March 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
	VYLOY	Cancer	Talk to your doctor about other options.
March 1	TECENTRIQ HYBREZA	Cancer	Talk to your doctor about other options.
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.
January 15	CREXONT	Parkinson's Disease	carbidopa/levodopa er
	VORANIGO	Cancer	Talk to your doctor about other options.
January 1	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.

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For patients who have  
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## Cigna Healthcare Performance Prescription Drug List (cont.)

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	EVRYSDI 5 MG TABLET	Miscellaneous
	ROMVIMZA	Cancer
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI IV	Pain Relief and Inflammatory Disease
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE IV	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK IV	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
	ITOVEBI	Cancer
March 15	AQNEURSA	Nutritional/Dietary
	VELSIPITY	Pain Relief and Inflammatory Disease
	VYLOY	Cancer
March 1	TECENTRIQ HYBREZA	Cancer
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
February 1	IQIRVO	Gastrointestinal/Heartburn
January 15	TREMFYA IV	Pain Relief and Inflammatory Disease
	VORANIGO	Cancer

## Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
July 1	JOURNAVX	Pain Relief and Inflammatory Disease
June 15	REVUFORJ	Cancer

\* If this medication is approved, it will cost you more to fill. As of July 1, you'll pay your Tier 3 (non-preferred brand) cost-share.

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For patients who have coverage through their employer

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

### Medications that will have a quantity limit<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
June 1	CRENESSITY	Hormonal Agents
May 15	ATTRUBY	Miscellaneous
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
February 15	TWIIST	Diabetes
February 1	NEFFY	Allergy/Nasal Sprays
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

### Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
July 1	INVELTYS*	Eye Conditions
	LOTEMAX 0.5% EYE OINTMENT*	Eye Conditions
	LOTEMAX SM 0.38% OPHTHALMIC GEL*	Eye Conditions
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

### Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	XROMI ORAL SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA
	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	ACUVAIL	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	ALINIA 500 MG TABLET	Infections	nitazoxanide
	ALREX	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	ALVESCO	Asthma/COPD/ Respiratory	ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, QVAR REDHALER
	ANDROGEL <sup>17</sup>	Hormonal Agents	testosterone 1%, 1.62% packet
	ANNOVERA VAGINAL RING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	ARALAST NP <sup>17*</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	AZILECT	Parkinson's Disease	rasagiline
	BALCOLTRA	Contraception Products	generic oral contraceptives
	BENICAR <sup>17</sup>	Blood Pressure/ Heart Medications	olmesartan
	BENICAR HCT <sup>17</sup>	Blood Pressure/ Heart Medications	olmesartan-hctz
	BEYAZ	Contraception Products	generic oral contraceptives
	BROMSITE	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	CELEBREX <sup>17</sup>	Pain Relief and Inflammatory Disease	celecoxib
	CIPRO HC	Ear Medications	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications	OTOVEL
	DIOVAN <sup>17</sup>	Blood Pressure/Heart Medications	valsartan
	DIOVAN HCT <sup>17</sup>	Blood Pressure/Heart Medications	valsartan-hctz
	EMFLAZA SUSPENSION, TABLET <sup>17</sup>	Hormonal Agents	deflazacort
	ESTRING	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert
	ESTROGEL	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	EVOXAC	Urinary Tract Conditions	cevimeline
	FEMARA	Cancer	letrozole
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin
	GASTROCROM	Allergy/Nasal Sprays	cromolyn
	GLUCAGEN 1 MG HYPOKIT	Diabetes	glucagon emergency kit; GVOKE HYPOPEN, KIT, SYRINGE; BAQSIMI
	GLUCAGON 1 MG EMERGENCY KIT	Diabetes	glucagon emergency kit; GVOKE HYPOPEN, KIT, SYRINGE; BAQSIMI
	IMURAN	Transplant Medications	azathioprine
	LETAIRIS <sup>17</sup>	Asthma/COPD/Respiratory	ambrisentan
	LEVBIID	Gastrointestinal/Heartburn	hyoscyamine er
	LEVSIN SL	Gastrointestinal/Heartburn	hyoscyamine
	LOESTRIN 21 1.5-30, I-20	Contraception Products	generic oral contraceptives

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	LOESTRIN FE 1.5-21, 1.5-30, 1-20	Contraception Products	generic oral contraceptives
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet
	NATAZIA	Contraception Products	generic oral contraceptives
	NEXTSTELLIS	Contraception Products	generic oral contraceptives
	NON-BD SYRINGE	Diabetes	BD SYRINGE
	NORVASC	Blood Pressure/Heart Medications	amlodipine
	NUVARING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	OTREXUP <sup>17</sup>	Pain Relief and Inflammatory Disease	RASUVO
	PERCOCET <sup>17</sup>	Pain Relief and Inflammatory Disease	oxycodone-acetaminophen
	PLAQUENIL <sup>17</sup>	Infections	hydroxychloroquine
	PLAVIX	Blood Thinners/Anti-Clotting	clopidogrel
	PONVORY <sup>16</sup>	Multiple Sclerosis	dimethyl, fingolimod
	PREVIDENT 5000 PLUS	Dental Products	denta 5000 plus
	PULMICORT	Asthma/COPD/Respiratory	budesonide
	PYRIDIUM	Urinary Tract Conditions	phenazopyridine
	QUARTETTE	Contraception Products	generic oral contraceptives
	SAVAYSA <sup>18</sup>	Blood Thinners/Anti-Clotting	dabigatran, XARELTO, ELIQUIS
	SAFYRAL	Contraception Products	generic oral contraceptives
	SINGULAIR	Asthma/COPD/Respiratory	montelukast sodium
	SKYTROFA <sup>17</sup>	Hormonal Agents	NGENLA
	SLYND	Contraception Products	generic oral contraceptives

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	SOVALDI <sup>16</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER	Asthma/COPD/ Respiratory	tiotropium
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene-betamethasone dp suspension
	TAYTULLA	Contraception Products	generic oral contraceptives
	TOBRADEX ST 0.3-0.05% EYE DROPS	Eye Conditions	neomycin-bacitracin-polymyxin hc, sulfacetamide-prednisolone, neopolycin hc, tobramycin-dexamethasone
	TWIRLA	Contraception Products	norelgestromin-ethinyl estradiol, XULANE, ZAFEMY
	TYBLUME	Contraception Products	generic oral contraceptives
	UROXATRAL	Urinary Tract Conditions	alfuzosin er
	VYTORIN <sup>17</sup>	Cholesterol Medications	ezetimibe-simvastatin
	VYVANSE	Attention Deficit Hyperactivity Disorder	lisdexamfetamine capsule, chewable tablet
	YASMIN	Contraception Products	generic oral contraceptives
	YAZ	Contraception Products	generic oral contraceptives
	ZAVZPRET <sup>17</sup>	Pain Relief and Inflammatory Disease	almotriptan, eletriptan, naratriptan, sumatriptan, NURTEC ODT, UBRELVY, QULIPTA
	ZEGALOGUE AUTO-INJECTOR, SYRINGE	Diabetes	glucagon emergency kit; GVOKE HYPOPEN, KIT, SYRINGE; BAQSIMI
	ZEMAIRA <sup>17*</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZERVIAE	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	ZETIA	Cholesterol Medications	ezetimibe

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ZYLET	Eye Conditions	neomycin-bacitracin-polymyxin hc, sulfacetamide-prednisolone, neopolycin hc, tobramycin-dexamethasone
June 15	HERCESSI	Cancer	KANJINTI, OGIVRI, TRAZIMERA
	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
	ZIIHERA	Cancer	Talk to your doctor about other options.
June 1	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
May 1	BORUZU	Cancer	bortezomib
	EMROSI	Infections	minocycline, doxycycline
	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OTULFI IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	carbidopa-levodopa er
March 15	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	Talk to your doctor about other options.

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15	UNDECATREX	Hormonal Agents	Talk to your doctor about other options.
March 1	AZMIRO	Hormonal Agents	testosterone cypionate injection
	SPRAVATO	Anxiety/Depression/ Bipolar Disorder	Talk to your doctor about other options.
February 15	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/ Heartburn	IQIRVO
	TRYVIO	Blood Pressure/ Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
January 1	ACIPHEX <sup>3</sup>	Gastrointestinal/ Heartburn	rabeprazole
	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	ALTACE <sup>3</sup>	Blood Pressure/ Heart Medications	ramipril
	AVAPRO <sup>3</sup>	Blood Pressure/ Heart Medications	irbesartan
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/ Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	COZAAR <sup>3</sup>	Blood Pressure/ Heart Medications	losartan
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT <sup>2</sup>	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet

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



For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)
	LOMOTIL	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG <sup>2</sup>	Cancer	leuprolide, ELIGARD, FIRMAGON
	LUPRON DEPOT-PED <sup>3,4</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR
	MEKTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	MYFORTIC	Transplant Medications	mycophenolic acid
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET <sup>3</sup>	Gastrointestinal/ Heartburn	SYMPROIC, MOVANTI, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SPRYCEL	Cancer	dasatinib
	SUFLAVE	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUPPRELIN LA <sup>3,4</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR
	SUTAB	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam

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 no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er
	ZESTRIL <sup>3</sup>	Blood Pressure/ Heart Medications	lisinopril

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ARALAST NP <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA

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 no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	hyophen	Infections
	me-naphos-mb-hyo l	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections
	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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For patients who have coverage through their employer

# Cigna Healthcare Value Prescription Drug List

## 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
January 1	INVEGA HAFYERA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA SUSTENNA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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## Cigna Healthcare Value Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk with your doctor about your other options.
	ROMVIMZA	Cancer	Talk with your doctor about your other options.
July 1	CAYA DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
	DEPO-SUBQ PROVERA	Contraception Products	medroxyprogesterone injection
	FEMCAP CERVICAL CAP	Contraception Products	Talk with your doctor about your other options.
	LOMAIRA*	Weight Management	phentermine
	WIDE SEAL DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
June 15	REVUFORJ	Cancer	Talk to your doctor about other options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/ Bleeding Disorders	ZARXIO, NIVESTYM
May 15	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
April 1	ALYFTREK	Asthma/COPD/ Respiratory	Talk to your doctor about other options.
	ITOVEBI	Cancer	Talk to your doctor about other options.
March 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.
January 15	CREXONT	Parkinson's Disease	carbidopa/levodopa er
	VORANIGO	Cancer	Talk to your doctor about other options.
January 1	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG <sup>2</sup>	Cancer	leuprolide, FIRMAGON
	LUPRON DEPOT-PED <sup>3,4</sup>	Hormonal Agents	FENSOLVI

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.





For patients who have  
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## Cigna Healthcare Value Prescription Drug List (cont.)

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	EVRYSDI 5 MG TABLET	Miscellaneous
	ROLVEDON	Blood Pressure/Heart Medications
	ROMVIMZA	Cancer
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
	ITOVEBI	Cancer
March 15	AQNEURSA	Nutritional/Dietary
	VELSIPITY	Pain Relief and Inflammatory Disease
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
February 1	IQIRVO	Gastrointestinal/Heartburn
January 15	VORANIGO	Cancer

## Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
June 15	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
February 15	TWIIST	Diabetes
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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For patients who have coverage through their employer

# Cigna Healthcare Value Prescription Drug List (cont.)

## Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

## Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg
	XROMI ORAL SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA
	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	ACUVAIL	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	ALINIA 500 MG TABLET	Infections	nitazoxanide
	ALREX	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	ANDROGEL <sup>17</sup>	Hormonal Agents	testosterone 1%, 1.62% packet
	ANNOVERA VAGINAL RING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	AZILECT	Parkinson's Disease	rasagiline
	BEYAZ	Contraception Products	generic oral contraceptives

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For patients who have coverage through their employer

## 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	BROMSITE	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	CELEBREX <sup>17</sup>	Pain Relief and Inflammatory Disease	celecoxib
	CIPRO HC	Ear Medications	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc
	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications	OTOVEL
	EMFLAZA SUSPENSION, TABLET <sup>17</sup>	Hormonal Agents	deflazacort
	ESTRING	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert
	ESTROGEL	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	EVOXAC	Urinary Tract Conditions	cevimeline
	FEMARA	Cancer	letrozole
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin
	GASTROCROM	Allergy/Nasal Sprays	cromolyn
	IMURAN	Transplant Medications	azathioprine
	INVELTYS	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk with your doctor about your other options.
	LETAIRIS <sup>17</sup>	Asthma/COPD/Respiratory	ambrisentan
	LEVBIID	Gastrointestinal/Heartburn	hyoscyamine er

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	LEVSIN SL	Gastrointestinal/Heartburn	hyoscyamine
	LOESTRIN 21 I.5-30, I-20	Contraception Products	generic oral contraceptives
	LOESTRIN FE I.5-21, I.5-30, I-20	Contraception Products	generic oral contraceptives
	LOTEMAX 0.5% EYE OINTMENT	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	LOTEMAX SM 0.38% OPHTHALMIC GEL	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet
	NGENLA	Hormonal Agents	SKYTROFA, GENOTROPIN, OMNITROPE
	NON-BD SYRINGE	Diabetes	BD SYRINGE
	NORVASC	Blood Pressure/Heart Medications	amlodipine
	NUVARING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	PERCOCET <sup>17</sup>	Pain Relief and Inflammatory Disease	oxycodone-acetaminophen
	PLAQUENIL <sup>17</sup>	Infections	hydroxychloroquine
	PLAVIX	Blood Thinners/Anti-Clotting	clopidogrel
	PONVORY <sup>16</sup>	Multiple Sclerosis	dimethyl, fingolimod
	PREVIDENT 5000 PLUS	Dental Products	denta 5000 plus
	PULMICORT	Asthma/COPD/Respiratory	budesonide
	PYRIDIUM	Urinary Tract Conditions	phenazopyridine
	QUARTETTE	Contraception Products	generic oral contraceptives
	SAFYRAL	Contraception Products	generic oral contraceptives

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	SAVAYSA <sup>5</sup>	Blood Thinners/Anti-Clotting	dabigatran, XARELTO, ELIQUIS
	SINGULAIR	Asthma/COPD/Respiratory	montelukast
	SOVALDI <sup>6</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER	Asthma/COPD/Respiratory	tiotropium
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene-betamethasone dp suspension
	TYBLUME	Contraception Products	generic oral contraceptives
	UROXATRAL	Urinary Tract Conditions	alfuzosin er
	YASMIN	Contraception Products	generic oral contraceptives
	YAZ	Contraception Products	generic oral contraceptives
	ZETIA	Cholesterol Medications	ezetimibe
June 15	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
June 1	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options.
May 1	EMROSI	Infections	minocycline, doxycycline
	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
April 15	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	carbidopa-levodopa er
March 15	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	Talk to your doctor about other options.
	UNDECATREX	Hormonal Agents	Talk to your doctor about other options.
March 1	SPRAVATO	Anxiety/Depression/Bipolar Disorder	Talk to your doctor about other options.
February 15	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/Heartburn	IQIRVO
	NEFFY	Allergy/Nasal Sprays	epinephrine auto-injector
	TRYVIO	Blood Pressure/Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/Heart Medications	diltiazem 24 hr er (la)

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT <sup>2</sup>	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)
	LOMOTIL	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	MEKTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	MYFORTIC	Transplant Medications	mycophenolic acid
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET <sup>3</sup>	Gastrointestinal/ Heartburn	SYMPROIC, MOVANTIK, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SPRYCEL	Cancer	dasatinib
	SUFLAVE	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUTAB	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er

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.)

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ARALAST NP <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA

### Medications that will no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	hyopen	Infections
	me-naphos-mb-hyo 1	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections
	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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For patients who have  
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## Cigna Healthcare Advantage Prescription Drug List

### 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	CAYA DIAPHRAGM	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	FEMCAP CERVICAL CAP	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	NEXPLANON IMPLANT	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
January 15	TREMFYA IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
January 1	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)

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For patients who have  
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## Cigna Healthcare Advantage 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 1	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk with your doctor about your other options.
	ROMVIMZA	Cancer	Talk with your doctor about your other options.
July 1	LOMAIRA*	Weight Management	phentermine
June 15	REVUFORJ	Cancer	Talk to your doctor about other options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/ Bleeding Disorders	ZARXIO, NIVESTYM
April 30	FOCINVEZ	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	POSFREA	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
April 15	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
April 1	ALYFTREK	Asthma/COPD/ Respiratory	Talk to your doctor about other options.
	ITOVEBI	Cancer	Talk to your doctor about other options.
March 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
	EGRIFTA SV	Hormonal Agents	Talk to your doctor about other options.
	VYLOY	Cancer	Talk to your doctor about other options.
March 1	TECENTRIQ HYBREZA	Cancer	Talk to your doctor about other options.
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

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



For patients who have  
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## Cigna Healthcare Advantage Prescription Drug List (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 15	CREXONT	Parkinson's Disease	carbidopa/levodopa er
	VORANIGO	Cancer	Talk to your doctor about other options.
January 1	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	EVRYSDI 5 MG TABLET	Miscellaneous
	ROMVIMZA	Cancer
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI IV	Pain Relief and Inflammatory Disease
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE IV	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK IV	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
	ITOVEBI	Cancer
March 15	AQNEURSA	Nutritional/Dietary
	EGRIFTA SV	Hormonal Agents
	VELSIPITY	Pain Relief and Inflammatory Disease
	VYLOY	Cancer

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For patients who have  
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## Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
March 1	TECENTRIQ HYBREZA	Cancer
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
February 1	IQIRVO	Gastrointestinal/Heartburn
January 15	TREMFYA IV	Parkinson's Disease
	VORANIGO	Cancer

## Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
June 15	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
May 15	ATTRUBY	Miscellaneous
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
February 15	TWIIST	Diabetes
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

## Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

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For patients who have coverage through their employer

# 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<sup>6</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg
	XROMI ORAL SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA
	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	ACUVAIL	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	ALINIA 500 MG TABLET	Infections	nitazoxanide
	ALREX	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	ANDROGEL <sup>17</sup>	Hormonal Agents	testosterone 1%, 1.62% packet
	ANNOVERA VAGINAL RING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	ARALAST NP <sup>17*</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	AZILECT	Parkinson's Disease	rasagiline
	BEYAZ	Contraception Products	generic oral contraceptives
	BROMSITE	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	CELEBREX <sup>17</sup>	Pain Relief and Inflammatory Disease	celecoxib
	CIPRO HC	Ear Medications	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc
	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications	OTOVEL
	EMFLAZA SUSPENSION, TABLET <sup>17</sup>	Hormonal Agents	deflazacort
	ESTRING	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ESTROGEL	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	EVOXAC	Urinary Tract Conditions	cevimeline
	FEMARA	Cancer	letrozole
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin
	GASTROCROM	Allergy/Nasal Sprays	cromolyn
	IMURAN	Transplant Medications	azathioprine
	INVELTYS	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk with your doctor about your other options.
	LETAIRIS <sup>17</sup>	Asthma/COPD/Respiratory	ambrisentan
	LEVBIID	Gastrointestinal/Heartburn	hyoscyamine er
	LEVSIN SL	Gastrointestinal/Heartburn	hyoscyamine
	LOESTRIN 21 I.5-30, I-20	Contraception Products	generic oral contraceptives
	LOESTRIN FE I.5-21, I.5-30, I-20	Contraception Products	generic oral contraceptives
	LOTEMAX 0.5% EYE OINTMENT	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	LOTEMAX SM 0.38% OPHTHALMIC GEL	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet

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For patients who have coverage through their employer

## 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	NON-BD SYRINGE	Diabetes	BD SYRINGE
	NORVASC	Blood Pressure/Heart Medications	amlodipine
	NUVARING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	PERCOCET <sup>17</sup>	Pain Relief and Inflammatory Disease	oxycodone-acetaminophen
	PLAQUENIL <sup>17</sup>	Infections	hydroxychloroquine
	PLAVIX	Blood Thinners/Anti-Clotting	clopidogrel
	PONVORY <sup>16</sup>	Multiple Sclerosis	dimethyl, fingolimod
	PREVIDENT 5000 PLUS	Dental Products	denta 5000 plus
	PULMICORT	Asthma/COPD/Respiratory	budesonide
	PYRIDIUM	Urinary Tract Conditions	phenazopyridine
	QUARTETTE	Contraception Products	generic oral contraceptives
	SAFYRAL	Contraception Products	generic oral contraceptives
	SAVAYSA <sup>18</sup>	Blood Thinners/Anti-Clotting	dabigatran, XARELTO, ELIQUIS
	SINGULAIR	Asthma/COPD/Respiratory	montelukast
	SOVALDI <sup>16</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER	Asthma/COPD/Respiratory	tiotropium
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene-betamethasone dp suspension
	TYBLUME	Contraception Products	generic oral contraceptives
	UROXATRAL	Urinary Tract Conditions	alfuzosin er
	YASMIN	Contraception Products	generic oral contraceptives

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	YAZ	Contraception Products	generic oral contraceptives
	ZEMAIRA <sup>17*</sup>	Asthma/COPD/Respiratory	PROLASTIN C, GLASSIA
	ZETIA	Cholesterol Medications	ezetimibe
June 15	HERCESSI	Cancer	KANJINTI, OGIVRI, TRAZIMERA
	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
	ZIIHERA	Cancer	Talk to your doctor about other options.
June 1	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options.
May 1	BORUZU	Cancer	bortezomib
	EMROSI	Infections	minocycline, doxycycline
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt
	OTULFI IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	carbidopa-levodopa er

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	Talk to your doctor about other options.
	UNDECATREX	Hormonal Agents	Talk to your doctor about other options.
March 1	AZMIRO	Hormonal Agents	testosterone cypionate injection
	SPRAVATO	Anxiety/Depression/Bipolar Disorder	Talk to your doctor about other options.
February 15	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/Heartburn	IQIRVO
	NEFFY	Allergy/Nasal Sprays	epinephrine auto-injector
	TRYVIO	Blood Pressure/Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/Heart Medications	diltiazem 24 hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT <sup>2</sup>	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet
	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LOMOTIL	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG <sup>2</sup>	Cancer	leuprolide, ELIGARD, FIRMAGON
	LUPRON DEPOT-PED <sup>3,4</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR
	MEKTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	MYFORTIC	Transplant Medications	mycophenolic acid
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET <sup>3</sup>	Gastrointestinal/ Heartburn	SYMPROIC, MOVANTIK, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SPRYCEL	Cancer	dasatinib
	SUFLAVE	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUPPRELIN LA <sup>3,4</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR
	SUTAB	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er

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 Advantage Prescription Drug List (cont.)

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ARALAST NP <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>19</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA

## Medications that will no longer be covered under the pharmacy benefit<sup>7</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
January 1	hyopen	Infections
	me-naphos-mb-hyo l	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections

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For patients who have coverage through their employer

# Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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For patients who have coverage through their employer

# Cigna Healthcare Legacy (Standard) Prescription Drug List

## 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
	NEFFY	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)
January 1	INVEGA HAFYERA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA SUSTENNA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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



For patients who have  
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## Cigna Healthcare Legacy (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
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk with your doctor about your other options.
	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg
	ROMVIMZA	Cancer	Talk with your doctor about your other options.
	XROMI ORAL SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA
	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	BROMSITE*	Eye Conditions	bromfenac drops diclofenac drops, flurbiprofen drops, ketorolac drops
	CAYA DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
	CIPRO HC*	Ear Medications	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc
	DEPO-SUBQ PROVERA	Contraception Products	medroxyprogesterone injection
	ESTRING*	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert
	ESTROGEL*	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	FEMCAP CERVICAL CAP	Contraception Products	Talk with your doctor about your other options.
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX*	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

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For patients who have  
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## Cigna Healthcare Legacy (Standard) 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
July 1	INVELTYS	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk with your doctor about your other
	LOMAIRA*	Weight Management	phentermine
	LOTEMAX 0.5% EYE OINTMENT	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	LOTEMAX SM 0.38% OPHTHALMIC GEL	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet
	PONVORY <sup>16</sup>	Multiple Sclerosis	dimethyl, fingolimod
	SOVALDI <sup>16</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER*	Asthma/COPD/Respiratory	tiotropium
	WIDE SEAL DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
	ZERVIAE*	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
June 15	REVUFORJ	Cancer	Talk to your doctor about other options.
	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/Bleeding Disorders	ZARXIO, NIVESTYM
	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options.
	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options.

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For patients who have  
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## Cigna Healthcare Legacy (Standard) 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
May 1	EMROSI	Infections	minocycline, doxycycline
	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	CARBIDOPA-LEVODOPA ER
April 1	ALYFTREK	Asthma/COPD/Respiratory	Talk to your doctor about other options.
	ITOVEBI	Cancer	Talk to your doctor about other options.
March 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	AQNEURSA
	UNDECATREX	Hormonal Agents	testosterone gel, testosterone packet
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.
	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/Heartburn	IQIRVO
	TRYVIO	Blood Pressure/Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	CREXONT	Parkinson's Disease	carbidopa/levodopa er

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For patients who have  
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## Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
	VORANIGO	Cancer	Talk to your doctor about other options.
	ALOGLIPTIN <sup>8</sup>	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	ALOGLIPTIN-METFORMIN <sup>8</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet
	ALOGLIPTIN-PIOGLITAZONE <sup>8</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, pioglitazone
	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG <sup>2</sup>	Cancer	leuprolide, FIRMAGON
	LUPRON DEPOT-PED <sup>3,4</sup>	Hormonal Agents	FENSOLVI
	SPRYCEL	Cancer	dasatinib
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	EVRYSDI 5 MG TABLET	Miscellaneous
	INZIRQO	Diuretics
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease
	ROLVEDON	Blood Pressure/Heart Medications
	ROMVIMZA	Cancer
	XROMI ORAL SOLUTION	Blood Modifiers/Bleeding Disorders
	ZUNVEYL	Alzheimer's Disease
	DESOWEN 0.05% CREAM	Skin Conditions
July 15	FULVICIN P-G 165 MG TABLET	Infections
July 1	ACUVAIL	Eye Conditions

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For patients who have coverage through their employer

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

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
July 1	ALINIA 500 MG TABLET	Infections
	ALREX	Eye Conditions
	AZILECT	Parkinson's Disease
	BENICAR <sup>4</sup>	Blood Pressure/Heart Medications
	BENICAR HCT <sup>4</sup>	Blood Pressure/Heart Medications
	CELEBREX <sup>4</sup>	Pain Relief and Inflammatory Disease
	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications
	DIOVAN <sup>4</sup>	Blood Pressure/Heart Medications
	DIOVAN HCT <sup>4</sup>	Blood Pressure/Heart Medications
	EVOXAC	Urinary Tract Conditions
	FEMARA	Cancer
	FENOPROFEN	Pain Relief and Inflammatory Disease
	GABARONE	Seizure Disorders
	GASTROCROM	Allergy/Nasal Sprays
	IMURAN	Transplant Medications
	LEVBIID	Gastrointestinal/Heartburn
	LEVSIN SL	Gastrointestinal/Heartburn
	METFORMIN 750 MG TABLET	Diabetes
	METRONIDAZOLE 125 MG TABLET	Infections
	NON-BD SYRINGE	Diabetes
	NORVASC	Blood Pressure/ Heart Medications
	PLAVIX	Blood Thinners/ Anti-Clotting
	PREVIDENT 5000 PLUS	Dental Products
	PULMICORT	Asthma/COPD/Respiratory
	PYRIDIUM	Urinary Tract Conditions
	SINGULAIR	Asthma/COPD/Respiratory
	TACLONEX SUSPENSION	Skin Conditions
	UROXATRAL	Urinary Tract Conditions
	VYTORIN <sup>4</sup>	Cholesterol Medications
	ZETIA	Cholesterol Medications

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For patients who have coverage through their employer

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

## Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	TRYNGOLZA	Cholesterol Medications
	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
	QLOSI	Eye Conditions
May 15	ALHEMO	Blood Modifiers/Bleeding Disorders
	ATTRUBY	Miscellaneous
	HYMPAVZI	Blood Modifiers/Bleeding Disorders
May 1	EMROSI	Infections
	OPIPZA	Schizophrenia/Anti-Psychotics
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders
April 15	OTULFI SC	Pain Relief and Inflammatory Disease
	PYZCHIVA SC	Pain Relief and Inflammatory Disease
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	STEQEYMA SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	VYALEV	Parkinson's Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
	ITOVEBI	Cancer
March 15	AQNEURSA	Nutritional/Dietary
	COBENFY	Schizophrenia/Anti-Psychotics
	FEMLYV	Contraception Products
	MIPLYFFA	Miscellaneous
	UNDECATREX	Hormonal Agents
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
	ZORYVE 0.15% CREAM	Skin Conditions
February 1	DOLOBID	Pain Relief and Inflammatory Disease

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For patients who have  
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## Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
February 1	IQIRVO	Gastrointestinal/Heartburn
	LIVDELZI	Gastrointestinal/Heartburn
	TRYVIO	Blood Pressure/Heart Medications
	ZITUVIMET	Diabetes
	ZITUVIMET XR	Diabetes
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions
	ONYDA XR	Attention Deficit Hyperactivity Disorder
	VORANIGO	Cancer
January 1	ACIPHEX <sup>3</sup>	Gastrointestinal/Heartburn
	ACZONE 7.5 GEL PUMP	Skin Conditions
	ALTACE <sup>3</sup>	Blood Pressure/Heart Medications
	AVAPRO <sup>3</sup>	Blood Pressure/Heart Medications
	BIDIL	Blood Pressure/Heart Medications
	CARAFATE	Gastrointestinal/Heartburn
	CARDIZEM LA	Blood Pressure/Heart Medications
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications
	CELLCEPT 250 MG CAPSULE	Transplant Medications
	CELLCEPT 500 MG TABLET	Transplant Medications
	CLENPIQ <sup>9</sup>	Gastrointestinal/Heartburn
	CORTEF	Hormonal Agents
	COZAAR <sup>3</sup>	Blood Pressure/Heart Medications
	DICLEGIS <sup>10</sup>	Gastrointestinal/Heartburn
	EPANED	Blood Pressure/ Heart Medications
	ESTRACE TABLET	Hormonal Agents
	FANAPT <sup>2</sup>	Schizophrenia/Anti-Psychotics
	FLOMAX	Urinary Tract Conditions
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	LO LOESTRIN FE <sup>9</sup>	Contraception Products
	LOMOTIL	Gastrointestinal/Heartburn
	MYFORTIC	Transplant Medications

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For patients who have  
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## Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
January 1	NATROBA	Infections
	PROVERA	Hormonal Agents
	RAPAMUNE	Transplant Medications
	SOMA	Pain Relief and Inflammatory Disease
	SUFLAVE <sup>9</sup>	Gastrointestinal/Heartburn
	SUTAB <sup>9</sup>	Gastrointestinal/Heartburn
	VALIUM	Anxiety/Depression/Bipolar Disorder
	XANAX	Anxiety/Depression/Bipolar Disorder
	XANAX XR	Anxiety/Depression/Bipolar Disorder
	ZESTRIL <sup>3</sup>	Blood Pressure/Heart Medications

### Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
	ZUNVEYL	Alzheimer's Disease
July 15	FULVICIN P-G 165 MG TABLET	Infections
July 1	JOURNAVX	Pain Relief and Inflammatory Disease
June 15	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
May 15	ATTRUBY	Miscellaneous
May 1	OPIPZA	Schizophrenia/Anti-Psychotics
April 15	OTULFI SC	Pain Relief and Inflammatory Disease
	PYZCHIVA SC	Pain Relief and Inflammatory Disease
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	STEQEYMA SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory

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For patients who have  
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## Cigna Healthcare Legacy (Standard) Prescription Drug List (cont.)

### Medications that will have a quantity limit<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
February 15	TWIST	Diabetes
	ZORYVE 0.15% CREAM	Skin Conditions
February 1	NEFFY	Allergy/Nasal Sprays
	ZITUVIMET	Diabetes
	ZITUVIMET XR	Diabetes
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

### Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

### Will no longer need approval from Cigna before it can be covered ("prior authorization").

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV
	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease

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For patients who have coverage through their employer

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ARALAST NP <sup>17</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>17</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA

## Medications that will no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	hyophen	Infections
	me-naphos-mb-hyo I	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections
	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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For patients who have coverage through their employer

# Cigna Healthcare Legacy (Performance) Prescription Drug List

## 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	CAYA DIAPHRAGM	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	FEMCAP CERVICAL CAP	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	NEXPLANON IMPLANT	Contraception Products	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIIIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
	NEFFY	Allergy/Nasal Sprays	This medication will be added to the drug list as a preferred brand (Tier 2)

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## Cigna Healthcare Legacy (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 15	TREMFYA IV	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
January 1	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk with your doctor about your other options.
	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg
	ROMVIMZA	Cancer	Talk with your doctor about your other options.
	XROMI ORAL SOLUTION	Blood Modifiers/Bleeding Disorders	DROXIA
	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	BROMSITE*	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

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For patients who have  
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## Cigna Healthcare Legacy (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
July 1	CIPRO HC*	Ear Medications	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc
	ESTRING*	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert
	ESTROGEL*	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX*	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin
	INVELTYS	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk with your doctor about your other
	LOMAIRA*	Weight Management	phentermine
	LOTEMAX 0.5% EYE OINTMENT	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	LOTEMAX SM 0.38% OPHTHALMIC GEL	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet
	PONVORY <sup>16</sup>	Multiple Sclerosis	dimethyl, fingolimod
	SOVALDI <sup>16</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER*	Asthma/COPD/Respiratory	tiotropium
	ZERVIAE*	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
June 15	HERCESSI	Cancer	Talk to your doctor about other options.
	REVUFORJ	Cancer	Talk to your doctor about other options.

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



For patients who have coverage through their employer

# Cigna Healthcare Legacy (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
June 15	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
	ZIIHERA	Cancer	Talk to your doctor about other options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/ Bleeding Disorders	ZARXIO, NIVESTYM
	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
May 1	BORUZU	Cancer	bortezomib
	EMROSI	Infections	minocycline, doxycycline
	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OTULFI IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA IV	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	CARBIDOPA-LEVODOPA ER
April 1	ALYFTREK	Asthma/COPD/ Respiratory	Talk to your doctor about other options.
	ITOVEBI	Cancer	Talk to your doctor about other options.

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



For patients who have coverage through their employer

# Cigna Healthcare Legacy (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 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	AQNEURSA
	UNDECATREX	Hormonal Agents	testosterone gel, testosterone packet
	VYLOY	Cancer	Talk to your doctor about other options.
March 1	AZMIRO	Hormonal Agents	testosterone cypionate injection
	TECENTRIQ HYBREZA	Cancer	Talk to your doctor about other options.
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.
	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/Heartburn	IQIRVO
	TRYVIO	Blood Pressure/Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	CREXONT	Parkinson's Disease	carbidopa/levadopa er
	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
	VORANIGO	Cancer	Talk to your doctor about other options.
January 1	ALOGLIPTIN <sup>8</sup>	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	ALOGLIPTIN-METFORMIN <sup>8</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet
	ALOGLIPTIN-PIOGLITAZONE <sup>8</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, pioglitazone

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For patients who have  
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## Cigna Healthcare Legacy (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 1	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG <sup>2</sup>	Cancer	leuprolide, ELIGARD, FIRMAGON
	LUPRON DEPOT-PED <sup>3,4</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR
	SPRYCEL	Cancer	dasatinib
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	EVRYSDI 5 MG TABLET	Miscellaneous
	INZIRQO	Diuretics
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease
	ROMVIMZA	Cancer
	XROMI ORAL SOLUTION	Blood Modifiers/Bleeding Disorders
	ZUNVEYL	Alzheimer's Disease
July 15	DESOWEN 0.05% CREAM	Skin Conditions
	FULVICIN P-G 165 MG TABLET	Infections
July 1	ACUVAIL	Eye Conditions
	ALINIA 500 MG TABLET	Infections
	ALREX	Eye Conditions
	AZILECT	Parkinson's Disease
	BENICAR <sup>17</sup>	Blood Pressure/ Heart Medications
	BENICAR HCT <sup>17</sup>	Blood Pressure/ Heart Medications

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For patients who have  
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## Cigna Healthcare Legacy (Performance) Prescription Drug List *(cont.)*

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> *(cont.)*

Date Change Starts	Medication Name	Drug Class
July 1	CELEBREX <sup>17</sup>	Pain Relief and Inflammatory Disease
	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications
	DIOVAN <sup>17</sup>	Blood Pressure/ Heart Medications
	DIOVAN HCT <sup>17</sup>	Blood Pressure/ Heart Medications
	EVOXAC	Urinary Tract Conditions
	FEMARA	Cancer
	FENOPROFEN	Pain Relief and Inflammatory Disease
	GABARONE	Seizure Disorders
	GASTROCROM	Allergy/Nasal Sprays
	IMURAN	Transplant Medications
	LEVBIID	Gastrointestinal/Heartburn
	LEVSIN SL	Gastrointestinal/Heartburn
	METFORMIN 750 MG TABLET	Diabetes
	METRONIDAZOLE 125 MG TABLET	Infections
	NON-BD SYRINGE	Diabetes
	NORVASC	Blood Pressure/ Heart Medications
	PLAVIX	Blood Thinners/ Anti-Clotting
	PREVIDENT 5000 PLUS	Dental Products
	PULMICORT	Asthma/COPD/Respiratory
	PYRIDIUM	Urinary Tract Conditions
	SINGULAIR	Asthma/COPD/Respiratory
	TACLONEX SUSPENSION	Skin Conditions
	UROXATRAL	Urinary Tract Conditions
	VYTORIN <sup>17</sup>	Cholesterol Medications
	ZETIA	Cholesterol Medications
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	HERCESSI	Cancer
	REVUFORJ	Cancer

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For patients who have coverage through their employer

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

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
June 15	TRYNGOLZA	Cholesterol Medications
	ZIIHERA	Cancer
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
	QLOSI	Eye Conditions
May 15	ALHEMO	Blood Modifiers/Bleeding Disorders
	ATTRUBY	Miscellaneous
	HYMPAVZI	Blood Modifiers/Bleeding Disorders
	ZORYVE 0.15% CREAM	Skin Conditions
May 1	BORUZU	Cancer
	EMROSI	Infections
	OIPZA	Schizophrenia/Anti-Psychotics
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders
April 15	OTULFI IV	Pain Relief and Inflammatory Disease
	OTULFI SC	Pain Relief and Inflammatory Disease
	PYZCHIVA IV	Pain Relief and Inflammatory Disease
	PYZCHIVA SC	Pain Relief and Inflammatory Disease
	SELARDSCI IV	Pain Relief and Inflammatory Disease
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	STEQEYMA IV	Pain Relief and Inflammatory Disease
	STEQEYMA SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE IV	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	VYALEV	Parkinson's Disease
	YESINTEK IV	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
	ITOVEBI	Cancer
March 15	AQNEURSA	Nutritional/Dietary
	COBENFY	Schizophrenia/Anti-Psychotics
	FEMLYV	Contraception Products
	MIPLYFFA	Miscellaneous

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



For patients who have  
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## Cigna Healthcare Legacy (Performance) Prescription Drug List *(cont.)*

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> *(cont.)*

Date Change Starts	Medication Name	Drug Class
March 15	UNDECATREX	Hormonal Agents
	VYLOY	Cancer
March 1	AZMIRO	Hormonal Agents
	TECENTRIQ HYBREZA	Cancer
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
	ZORYVE 0.15% CREAM	Skin Conditions
February 1	DOLOBID	Pain Relief and Inflammatory Disease
	IQIRVO	Gastrointestinal/Heartburn
	LIVDELZI	Gastrointestinal/Heartburn
	TRYVIO	Blood Pressure/Heart Medications
	ZITUVIMET	Diabetes
	ZITUVIMET XR	Diabetes
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions
	ONYDA XR	Attention Deficit Hyperactivity Disorder
	TREMFYA IV	Pain Relief and Inflammatory Disease
	VORANIGO	Cancer
January 1	ACIPHEX <sup>3</sup>	Gastrointestinal/Heartburn
	ACZONE 7.5 GEL PUMP	Skin Conditions
	ALTACE <sup>3</sup>	Blood Pressure/Heart Medications
	AVAPRO <sup>3</sup>	Blood Pressure/Heart Medications
	BIDIL	Blood Pressure/Heart Medications
	CARAFATE	Gastrointestinal/Heartburn
	CARDIZEM LA	Blood Pressure/Heart Medications
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications
	CELLCEPT 250 MG CAPSULE	Transplant Medications
	CELLCEPT 500 MG TABLET	Transplant Medications
	CLENPIQ <sup>9</sup>	Gastrointestinal/Heartburn
	CORTEF	Hormonal Agents
	COZAAR <sup>3</sup>	Blood Pressure/Heart Medications
	DICLEGIS <sup>10</sup>	Gastrointestinal/Heartburn

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



For patients who have  
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## Cigna Healthcare Legacy (Performance) Prescription Drug List (cont.)

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
January 1	EPANED	Blood Pressure/ Heart Medications
	ESTRACE TABLET	Hormonal Agents
	FANAPT <sup>2</sup>	Schizophrenia/Anti-Psychotics
	FLOMAX	Urinary Tract Conditions
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	LO LOESTRIN FE <sup>9</sup>	Contraception Products
	LOMOTIL	Gastrointestinal/Heartburn
	MYFORTIC	Transplant Medications
	NATROBA	Infections
	PROVERA	Hormonal Agents
	RAPAMUNE	Transplant Medications
	SOMA	Pain Relief and Inflammatory Disease
	SUFLAVE <sup>9</sup>	Gastrointestinal/Heartburn
	SUTAB <sup>9</sup>	Gastrointestinal/Heartburn
	VALIUM	Anxiety/Depression/Bipolar Disorder
	XANAX	Anxiety/Depression/Bipolar Disorder
	XANAX XR	Anxiety/Depression/Bipolar Disorder
	ZESTRIL <sup>3</sup>	Blood Pressure/Heart Medications

Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
	ZUNVEYL	Alzheimer's Disease
July 15	FULVICIN P-G 165 MG TABLET	Infections
July 1	JOURNAVX	Pain Relief and Inflammatory Disease
June 15	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents

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 (Performance) Prescription Drug List (cont.)

## Medications that will have a quantity limit<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
May 15	ATTRUBY	Miscellaneous
May 1	OPIPZA	Schizophrenia/Anti-Psychotics
April 15	OTULFI SC	Pain Relief and Inflammatory Disease
	PYZCHIVA SC	Pain Relief and Inflammatory Disease
	SELARDSCI SC	Pain Relief and Inflammatory Disease
	STEQEYMA SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ALYFTREK	Asthma/COPD/Respiratory
February 15	TWIIST	Diabetes
	ZORYVE 0.15% CREAM	Skin Conditions
February 1	NEFFY	Allergy/Nasal Sprays
	ZITUVIMET	Diabetes
	ZITUVIMET XR	Diabetes
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

## Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

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



For patients who have  
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## Cigna Healthcare Legacy (Performance) Prescription Drug List *(cont.)*

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV
	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ARALAST NP <sup>17</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>17</sup>	Asthma/COPD/ Respiratory	PROLASTIN C, GLASSIA

### Medications that will no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	hyopen	Infections
	me-naphos-mb-hyo I	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections
	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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



For patients who have  
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## Cigna Healthcare Total Savings Prescription Drug List

### 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
August 1	ROLVEDON	Blood Pressure/ Heart Medications	This medication will be added to the drug list as a preferred brand (Tier 2)
July 1	ZEPATIER	Infections	This medication will be added to the drug list as a preferred brand (Tier 2)
June 15	DANZITEN	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	IMKELDI	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
May 15	ZORYVE 0.15% CREAM	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
	YESINTEK SC	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
March 15	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand (Tier 2)
February 15	NEMLUVIO	Skin Conditions	This medication will be added to the drug list as a preferred brand (Tier 2)
	TWIIST	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
February 1	IQIRVO	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)
January 1	INVEGA HAFYERA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA SUSTENNA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	INVEGA TRINZA	Schizophrenia/Anti- Psychotics	This medication will be added to the drug list as a preferred brand (Tier 2)
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand (Tier 2)
	JANUMET	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
	JANUMET XR	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
	JANUVIA	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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



For patients who have  
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## Cigna Healthcare Total Savings Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	ROMVIMZA	Cancer	Talk with your doctor about your other options.
July 1	CAYA DIAPHRAGM	Contraception Products	Talk with your doctor about your other options.
	DEPO-SUBQ PROVERA	Contraception Products	medroxyprogesterone injection
	FEMCAP CERVICAL CAP	Contraception Products	Talk with your doctor about your other options.
	LOMAIRA*	Weight Management	phentermine
	WIDE SEAL DIAPHRAGM (ALL SIZES)	Contraception Products	Talk with your doctor about your other options.
June 15	REVUFORJ	Cancer	Talk to your doctor about other options.
June 1	CRENESSITY	Hormonal Agents	Talk to your doctor about other options.
	NYPOZI	Blood Modifiers/ Bleeding Disorders	ZARXIO, NIVESTYM
May 15	ATTRUBY	Miscellaneous	Talk to your doctor about other options.
April 1	ITOVEBI	Cancer	Talk to your doctor about other options.
March 15	AQNEURSA	Nutritional/Dietary	Talk to your doctor about other options.
February 15	YORVIPATH	Hormonal Agents	Talk to your doctor about other options.
January 15	CREXONT	Parkinson's Disease	carbidopa/levodopa er
	VORANIGO	Cancer	Talk to your doctor about other options.
January 1	GRALISE 300 MG, 600 MG	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.

\* Depending on your plan, this medication may also need approval (prior authorization) from Cigna Healthcare before your plan will cover it. Starting July 1, log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan requires prior authorization for this medication.

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROLVEDON	Blood Pressure/Heart Medications
	ROMVIMZA	Cancer
June 15	DANZITEN	Cancer
	IMKELDI	Cancer
	REVUFORJ	Cancer

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For patients who have coverage through their employer

# Cigna Healthcare Total Savings Prescription Drug List

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup> (cont.)

Date Change Starts	Medication Name	Drug Class
June 1	CRENESSITY	Hormonal Agents
	NYPOZI	Blood Modifiers/Bleeding Disorders
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
April 1	ITOVEBI	Cancer
February 15	NEMLUVIO	Skin Conditions
	YORVIPATH	Hormonal Agents
January 15	IQIRVO	Gastrointestinal/Heartburn
	VORANIGO	Cancer

## Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	ROMVIMZA	Cancer
June 15	REVUFORJ	Cancer
June 1	CRENESSITY	Hormonal Agents
May 15	ATTRUBY	Miscellaneous
April 15	SELARDSCI SC	Pain Relief and Inflammatory Disease
	USTEKINUMAB-TTWE SC	Pain Relief and Inflammatory Disease
	YESINTEK SC	Pain Relief and Inflammatory Disease
February 15	TWIIST	Diabetes
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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 Total Savings Prescription Drug List (cont.)

## Medications that are part of Step Therapy<sup>5,6</sup>

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

Date Change Starts	Medication Name	Drug Class
May 15	ZORYVE 0.15% CREAM	Skin Conditions
January 15	CREXONT	Parkinson's Disease
	RYTARY	Parkinson's Disease

## Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 1	EVRYSDI 5 MG TABLET	Miscellaneous	Talk to your doctor about other options.
	INZIRQO	Diuretics	generic hctz capsule, tablet
	METAXALONE 640 MG TABLET	Pain Relief and Inflammatory Disease	metaxalone 400mg, metaxalone 800mg
	XROMI ORAL SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA
	ZUNVEYL	Alzheimer's Disease	donepezil tablet, donepezil odt, galantamine ir tablet, galantamine er capsule, galantamine oral solution, rivastigmine capsule, patch
July 15	DESOWEN 0.05% CREAM	Skin Conditions	desonide
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin
July 1	ACUVAIL	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	ALINIA 500 MG TABLET	Infections	nitazoxanide
	ALREX	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	ANDROGEL <sup>17</sup>	Hormonal Agents	testosterone 1%, 1.62% packet
	ANNOVERA VAGINAL RING	Contraception Products	etonogestrel-ethinyl estradiol, haloette, eluryng, enilloring
	AZILECT	Parkinson's Disease	rasagiline

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	BROMSITE	Eye Conditions	bromfenac drops, diclofenac drops, flurbiprofen drops, ketorolac drops
	CELEBREX <sup>17</sup>	Pain Relief and Inflammatory Disease	celecoxib
	CIPRO HC	Infections	OTOVEL, ciprofloxacin 0.2% otic solution, ofloxacin 0.3% ear drops, neomycin-polymyxin-hc
	CIPROFLOXACIN-FLUOCINOLONE	Ear Medications	OTOVEL
	EMFLAZA SUSPENSION, TABLET <sup>17</sup>	Hormonal Agents	deflazacort
	ESTRING	Hormonal Agents	PREMARIN; estradiol 0.01% cream, 10 mcg vaginal insert; yuvafem 10 mcg vaginal insert
	ESTROGEL	Hormonal Agents	estradiol 0.06% 1.25 g gel pump
	EVOXAC	Urinary Tract Conditions	cevimeline
	FEMARA	Cancer	letrozole
	FENOPROFEN	Pain Relief and Inflammatory Disease	fenoprofen
	FLAREX	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	GABARONE	Seizure Disorders	gabapentin
	GASTROCROM	Allergy/Nasal Sprays	cromolyn
	IMURAN	Transplant Medications	azathioprine
	INVELTYS	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	JOURNAVX	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	LETAIRIS <sup>17</sup>	Asthma/COPD/Respiratory	ambrisentan
	LEVVID	Gastrointestinal/Heartburn	hyoscyamine er

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 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	LEVSIN SL	Gastrointestinal/Heartburn	hyoscyamine
	LOTEMAX 0.5% EYE OINTMENT	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	LOTEMAX SM 0.38% OPHTHALMIC GEL	Eye Conditions	prednisolone ac, dexamethasone, fluorometholone, difluprednate, loteprednol
	METFORMIN 750 MG TABLET	Diabetes	metformin
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablet
	NON-BD SYRINGE	Diabetes	BD SYRINGE
	NORVASC	Blood Pressure/Heart Medications	amlodipine
	PERCOCET <sup>17</sup>	Pain Relief and Inflammatory Disease	oxycodone-acetaminophen
	PLAQUENIL <sup>17</sup>	Infections	hydroxychloroquine
	PLAVIX	Blood Thinners/Anti-Clotting	clopidogrel
	PREVIDENT 5000 PLUS	Dental Products	denta 5000 plus
	PULMICORT	Asthma/COPD/Respiratory	budesonide
	PYRIDIUM	Urinary Tract Conditions	phenazopyridine
	SAVAYSA <sup>18</sup>	Blood Thinners/Anti-Clotting	dabigatran, XARELTO, ELIQUIS
	SINGULAIR	Asthma/COPD/Respiratory	montelukast
	SOVALDI <sup>16</sup>	Infections	Talk with your doctor about your other options.
	SPIRIVA HANDIHALER	Asthma/COPD/Respiratory	tiotropium
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene-betamethasone dp suspension
	TYBLUME	Contraception Products	generic oral contraceptives

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	UROXATRAL	Urinary Tract Conditions	alfuzosin er
	ZETIA	Cholesterol Medications	ezetimibe
June 15	TRYNGOLZA	Cholesterol Medications	Talk with your doctor about your options.
June 1	QLOSI	Eye Conditions	Talk with your doctor about your options.
May 15	ALHEMO	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
	HYMPAVZI	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options.
May 1	EMROSI	Infections	minocycline, doxycycline
	OPIPZA	Schizophrenia/Anti-Psychotics	aripiprazole, oral solution, odt
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate 25 mg sprinkle capsules
April 15	OTULFI SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	PYZCHIVA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	STEQEYMA SC	Pain Relief and Inflammatory Disease	SELARDSI, STELARA, USTEKINUMAB-TTWE, YESINTEK
	VYALEV	Parkinson's Disease	carbidopa-levodopa er
April 1	ALYFTREK	Asthma/COPD/ Respiratory	Talk to your doctor about other options.
March 15	COBENFY	Schizophrenia/Anti-Psychotics	aripiprazole, risperidone, olanzapine, quetiapine
	FEMLYV	Contraception Products	charlotte, mibelas 24 fe, kaitlib fe
	MIPLYFFA	Miscellaneous	Talk to your doctor about other options.
	UNDECATREX	Hormonal Agents	Talk to your doctor about other options.
March 1	SPRAVATO	Anxiety/Depression/ Bipolar Disorder	Talk to your doctor about other options.
February 15	ZORYVE 0.15% CREAM	Skin Conditions	hydrocortisone cream, pimecrolimus, tacrolimus, EUCRISA

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For patients who have  
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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
February 1	DOLOBID	Pain Relief and Inflammatory Disease	diflunisal, diclofenac, etodolac, ibuprofen, ketoprofen, naproxen, meloxicam
	LIVDELZI	Gastrointestinal/Heartburn	IQIRVO
	NEFFY	Allergy/Nasal Sprays	epinephrine auto-injector
	TRYVIO	Blood Pressure/Heart Medications	OMVOH
	ZITUVIMET	Diabetes	JANUMET
	ZITUVIMET XR	Diabetes	saxagliptin-metformin er, JANUMET XR
January 15	CLOBETASOL PROPIONATE OPTH SUSPENSION	Eye Conditions	ketorolac oph. solution., diclofenac drops, prednisolone ac drops, fluorometholone drops, FLAREX, EYSUVIS DROPS, INVELTYS DROPS
	ONYDA XR	Attention Deficit Hyperactivity Disorder	clonidine er
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARDIZEM LA	Blood Pressure/Heart Medications	diltiazem 24 hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg- prep
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/Heartburn	doxylamine-pyridoxine

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For patients who have coverage through their employer

# 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	DILAUDID TABLET <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/Heartburn	aprepitant
	EPANED	Blood Pressure/Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT <sup>2</sup>	Schizophrenia/Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	HYRIMOZ	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ABDM CF, ADALIMUMAB-RYVK CF, CYLTEZO, SIMLANDI
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet
	JENTADUETO <sup>3</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, , metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin-metformin er
	JENTADUETO XR <sup>3</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet
	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)
	LOMOTIL	Gastrointestinal/Heartburn	diphenoxylate-atropine
	MEKTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone

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For patients who have coverage through their employer

## 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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET <sup>3</sup>	Gastrointestinal/Heartburn	SYMPROIC, MOVANTIK, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SPRYCEL	Cancer	dasatinib
	SUFLAVE	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUTAB	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRADJENTA <sup>3</sup>	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/Bipolar Disorder	alprazolam er

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Drug Class
March 1	dabigatran etexilate	Blood Thinners/Anti-Clotting
	ELIQUIS	Blood Thinners/Anti-Clotting
	XARELTO	Blood Thinners/Anti-Clotting
January 1	DESCOVY	AIDS/HIV

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For patients who have coverage through their employer

# Cigna Healthcare Total Savings Prescription Drug List (cont.)

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	ARALAST NP <sup>19</sup>	Asthma/COPD/Respiratory	PROLASTIN C, GLASSIA
	ZEMAIRA <sup>19</sup>	Asthma/COPD/Respiratory	PROLASTIN C, GLASSIA

## Medications that will no longer be covered under the pharmacy benefit<sup>7</sup>

Date Change Starts	Medication Name	Drug Class
January 1	hyophen	Infections
	me-naphos-mb-hyo l	Infections
	phosphasal	Infections
	urimar-t	Infections
	uro-458	Infections
	uro-mp	Infections
	uro-sp	Infections
	uryl	Infections
	ustell	Infections
	utira-c	Infections
	uretron d-s	Infections
	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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For patients who have coverage through their employer

# Cigna Healthcare National Preferred Prescription Drug List

## 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
August 1	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Diabetes	This medication will become a preferred brand
July 1	PREGNYL	Infertility	This medication will become a preferred brand
June 5	GOMEKLI 1 MG, 2MG CAPSULE, 1 MG TABLET FOR SUSPENSION	Cancer	This medication will become a preferred brand
April 10	AURANOFIN 3 MG CAPSULE	Pain Relief and Inflammatory Disease	This medication will become a preferred brand
April 3	IMKELDI 80 MG/ML SOLUTION	Cancer	This medication will become a preferred brand
March 21	ALYFTREK 4-20-50 MG TABLET	Asthma/COPD/Respiratory	This medication will become a preferred brand
	ALYFTREK 10-50-125 MG TABLET	Asthma/COPD/Respiratory	This medication will become a preferred brand
	SELARSDI 45 MG/0.5 ML, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	This medication will become a preferred brand
	YESINTEK 45 MG/0.5 ML, 90 MG/ML SYRINGE, 45 MG/0.5 ML, 130 MG/26 ML VIAL	Pain Relief and Inflammatory Disease	This medication will become a preferred brand
March 13	PREVYMIS 20 MG, 120 MG PELLETT PACKET	Infections	This medication will become a preferred brand
March 6	AUTOSHIELD PEN NEEDLE	Diabetes	This medication will become a preferred brand
	NANO PEN NEEDLE	Diabetes	This medication will become a preferred brand
	ULTRA-FINE PEN NEEDLE	Diabetes	This medication will become a preferred brand
	ULTRA-FINE SYRINGE	Diabetes	This medication will become a preferred brand
January 31	AQNEURSA 1 GRAM GRANULE PACKET	Nutritional/Dietary	This medication will become a preferred brand
	FRUZAQLA 1 MG, 5 MG CAPSULE	Cancer	This medication will become a preferred brand
January 16	ERZOFRI 39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML SYRINGE	Schizophrenia/Anti-Psychotics	This medication will become a preferred brand

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For patients who have  
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## Cigna Healthcare National Preferred 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 16	ILET STARTER KIT INSET 23" 6 MM, INSET 32" 6 MM, CONTACT 23" 6 MM	Diabetes	This medication will become a preferred brand
	SIMLANDI(CF) 40 MG/0.4 ML SYRINGE	Pain Relief and Inflammatory Disease	This medication will become a preferred brand
January 3	HEMANGEOL 4.28 MG/ML ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will become a preferred brand
	LIVDELZI 10 MG CAPSULE	Gastrointestinal/Heartburn	This medication will become a preferred brand
January 1	BRAFTOVI	Cancer	This medication will become a preferred brand
	HAEGARDA	Miscellaneous	This medication will become a preferred brand
	IBRANCE	Cancer	This medication will become a preferred brand
	INCRUSE ELLIPTA	Asthma/COPD/Respiratory	This medication will be added to the drug list as a preferred brand
	INSULIN GLARGINE-YFGN	Diabetes	This medication will be added to the drug list as a preferred brand
	MEKTOVI	Cancer	This medication will become a preferred brand
	RHOPRESSA	Eye Conditions	<ul style="list-style-type: none"> <li>This medication will be added to the drug list as a non-preferred brand</li> <li>Try a lower-cost medication: betaxolol, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol, timolol, travoprost</li> </ul>
	ROCKLATAN		<ul style="list-style-type: none"> <li>This medication will be added to the drug list as a non-preferred brand</li> <li>Try a lower-cost medication: betaxolol, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol, timolol, travoprost</li> </ul>
	TAVNEOS	Blood Modifiers/Bleeding Disorders	<ul style="list-style-type: none"> <li>This medication will be added to the drug list as a non-preferred brand</li> <li>Try a lower-cost medication: azathioprine, methotrexate, mycophenolate, RUXIENCE</li> </ul>

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 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 1	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand
	VELSIPITY	Pain Relief and Inflammatory Disease	This medication will be added to the drug list as a preferred brand
	YONSA	Cancer	This medication will be added to the drug list as a preferred brand

## 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 1	RISPERDAL CONSTA 12.5 MG, 25 MG, 37.5 MG, 50 MG VIAL	Schizophrenia/Anti-Psychotics	risperidone er
	SPIRIVA HANDIHALER 18 MCG CAPSULE	Asthma/COPD/Respiratory	tiotropium
	UCERIS 2 MG RECTAL FOAM	Gastrointestinal/Heartburn	budesonide rectal foam
	VYVANSE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG CHEWABLE TABLET <sup>2</sup>	Attention Deficity Hyperactivity Disorder	lisdexamfetamine
May 23	JOURNAVX 50 MG TABLET	Pain Relief and Inflammatory Disease	ACETAMINOPHEN, DICLOFENAC SODIUM, IBUPROFEN, INDOMETHACIN, MELOXICAM, NABUMETONE, NAPROXEN
	VYKAT XR 25 MG, 75 MG, 150 MG TABLET	Weight Management	Talk to your doctor about other options.
	VYVGART HYTRULO 1,000MG-10,000	Miscellaneous	Talk to your doctor about other options.
April 18	ALOCRIL 2% EYE DROPS	Eye Conditions	azelastine, bepotastine, cromolyn, epinastine, olopatadine
	EVRYSDI 5 MG TABLET	Miscellaneous	SPINRAZA
March 31	ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE	Cancer	Talk to your doctor about other options.
March 27	LIDOCAINE-HC 3-2.5% GEL KIT	Pain Relief and Inflammatory Disease	lidocaine-hc cream
January 30	CRENESSITY 50 MG, 100 MG CAPSULE, 50 MG/ML SOLUTION	Hormonal Agents	Talk to your doctor about other options.
January 1	SPRYCEL	Cancer	dasatinib

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For patients who have  
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## Cigna Healthcare National Preferred Prescription Drug List (cont.)

Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
January 1	THIOLA EC	Urinary Tract Conditions

## Medications that will have a quantity limit<sup>5</sup>

Date Change Starts	Medication Name	Drug Class
August 1	OMNIPOD 5 (G6/LIBRE 2 PLUS)	Diabetes
	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Diabetes
	OMVOH 300 MG DOSE - 2 SYRINGE/PEN	Pain Relief and Inflammatory Disease
	RYBELSUS 1.5 MG, 4 MG, 9 MG TABLET	Diabetes
June 27	ivermectin 6 mg tablet	Infections
June 16	TREMFYA 100 MG/ML PEN	Pain Relief and Inflammatory Disease
	TREMFYA 200 MG/2ML PEN INDCT PACK	Pain Relief and Inflammatory Disease
	ZUNVEYL DR 5 MG, 10 MG, 15 MG TABLET	Alzheimer's Disease
June 1	VIGAFYDE	Seizure Disorders
March 28	IMCIVREE	Weight Management
March 21	ALYFTREK 4-20-50 MG TABLET	Asthma/COPD/Respiratory
	ALYFTREK 10-50-125 MG TABLET	Asthma/COPD/Respiratory
February 14	FREESTYLE LIBRE 2 PLUS SENSOR	Diabetes
February 1	BELLADONNA-OPIUM SUPPOSITORY	Pain Relief and Inflammatory Disease
	estazolam 1 mg, 2 mg tablet	Sleep Disorders/Sedatives
	flurazepam 15 mg, 30 mg capsule	Sleep Disorders/Sedatives
	FREESTYLE LIBRE 2 READER	Diabetes
	HALCION 0.25 MG TABLET	Sleep Disorders/Sedatives
	OMVOH 100 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	RESTORIL 7.5 MG, 15 MG, 22.5 MG, 30 MG CAPSULE	Sleep Disorders/Sedatives
	TALZENNA 0.1 MG, 0.35 MG SOFTGEL	Cancer
	triazolam 0.125 mg tablet	Sleep Disorders/Sedatives
January 7	TREMFYA 200 MG/2 ML PEN, SYRINGE	Pain Relief and Inflammatory Disease

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For patients who have  
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## Cigna Healthcare National Preferred Prescription Drug List (cont.)

### Medications that are part of Step Therapy<sup>5,6</sup>

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
September 1	AVAR CLEANSER	Skin Conditions
	SODIUM SULFACETAMIDE-SULFUR 9.8-4.8%, IO-2% CLEANSER	Skin Conditions
	SODIUM SULFACETAMIDE-SULFUR 9-4.5% WASH	Skin Conditions
	SODIUM SULFACETAMIDE-SULFUR 9.8-4.8% PAD	Skin Conditions
	SODIUM SULFACETAMIDE-SULFUR 9.8-4.8% CREAM	Skin Conditions
	SODIUM SULFACETAMIDE-SULFUR 9.8-4.8% LOTION	Skin Conditions
	SULFACETAMIDE-SULFUR 8-4%, IO-5% SUSPENSION	Skin Conditions
	SULFACETAMIDE-SULFUR 9-4% CLEANSER	Skin Conditions
August 18	PURIXAN	Cancer
August 1	bepotastine besilate	Eye Conditions
	clocortolone pivalate 0.1% cream	Skin Conditions
	DICLOFENAC POT 25 MG CAPSULE	Pain Relief and Inflammatory Disease
	doxycycline mono 75 mg capsule	Eye Conditions
	metformin 750 mg tablet	Diabetes
	minocycline 50mg, 75 mg, 100 mg tablet	Infections
	NAPROXEN DR 500 MG TABLET	Pain Relief and Inflammatory Disease
July 1	loteprednol 0.5% drop	Eye Conditions
	loteprednol 0.5% ophthalmic gel	Eye Conditions
	verapammil	Blood Pressure/Heart Medications
	ZUNVEYL DR	Alzheimer's Disease
June 1	almotriptan malate	Pain Relief and Inflammatory Disease
	clindamycin 1% foam	Skin Conditions
	CREXONT	Parkinson's Disease
	frovatriptan succinate	Pain Relief and Inflammatory Disease
	RYTARY	Parkinson's Disease
	timolol maleate	Eye Conditions
	travoprost 0.004% eye drops	Eye Conditions
May 1	FENOFIBRATE 130 MG CAPSULE	Cholesterol Medications
April 11	memantine-donepezil er	Alzheimer's Disease
March 1	PROLENSA	Eye Conditions

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For patients who have coverage through their employer

# Cigna Healthcare National Preferred Prescription Drug List (cont.)

## Medications that are no longer part of Step Therapy<sup>5,6</sup>

Will no longer be required to try at least one lower-cost option first.

Date Change Starts	Medication Name	Drug Class
June 15	DICLOFENAC SODIUM 1% GEL	Pain Relief and Inflammatory Disease
February 7	NOCTIVA	Hormonal Agents

## This medication will be covered as Generic

Date Change Starts	Medication Name	Drug Class
April 3	GRISEOFULVIN ULTRA 165 MG TABLET	Infections
January 2	LIRAGLUTIDE 2-PAK 18 MG/3ML, 3-PAK 18 MG/3 ML	Diabetes

## Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
September 1	NUCYNTA 50 MG, 75 MG TABLET	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	NUCYNTA 100 MG TABLET	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
July 1	apexicon e <sup>4</sup>	Skin Conditions	topical corticosteroid
	clemastine	Allergy/Nasal Sprays	carbinoxamine liquid, 4 mg tablet; cetirizine oral solution, syrup; desloratadine tablet; hydroxyzine oral solution, syrup, tablet; levocetirizine oral solution, tablet
	clemasz 2.68 mg tablet	Allergy/Nasal Sprays	carbinoxamine, cetirizine, desloratidine, hydroxyzine, levocetirizine
	clocortolone	Skin Conditions	topical corticosteroid

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For patients who have  
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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<sup>6</sup> *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	dexlansoprazole 30 mg, 60 mg capsule <sup>4</sup>	Gastrointestinal/ Heartburn	esomeprazole capsule, lansoprazole capsule, omeprazole capsule, pantoprazole tablet, rabeprazole tablet
	diflorasone <sup>4</sup>	Skin Conditions	topical corticosteroid
	doxepin cream <sup>4</sup>	Skin Conditions	alclometasone cream, ointment; desonide cream, ointment; fluocinolone body oil, cream, ointment, topical solution; hydrocortisone 1% cream, ointment, 2.5% cream, lotion, ointment, topical solution; hydrocortisone
	flurandrenolide <sup>4</sup>	Skin Conditions	topical corticosteroid
	halcinonide cream <sup>4</sup> , topical solution <sup>4</sup>	Skin Conditions	topical corticosteroid
	ibuprofen-famotidine <sup>4</sup>	Pain Relief and Inflammatory Disease	ibuprofen, famotidine tablet
	levorphanol <sup>4</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet, morphine tablet, oxycodone tablet, oxymorphone tablet
	LIVALO <sup>4</sup>	Cholesterol Medications	pitavastatin
	naproxen-esomeprazole <sup>4</sup>	Pain Relief and Inflammatory Disease	naproxen, naproxen ec tablet, esomeprazole capsule
	nolix <sup>4</sup>	Skin Conditions	topical corticosteroid
	NOVAREL <sup>6</sup>	Infertility	OVIDREL
	PONVORY <sup>4</sup>	Multiple Sclerosis	dimethyl, fingolimod, teriflunomide, BAFIERTAM, MAYZENT, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)
	prudoxin cream <sup>4</sup>	Skin Conditions	alclometasone cream, ointment; desonide cream, ointment; fluocinolone body oil, cream, ointment, topical solution; hydrocortisone 1% cream, ointment, 2.5% cream, lotion, ointment, topical solution; hydrocortisone
	SPRYCEL <sup>4</sup>	Cancer	dasatinib
	sumatriptan-naproxen <sup>4</sup>	Pain Relief and Inflammatory Disease	naproxen, naproxen ec, sumatriptan tablet

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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1	TACLONEX OINTMENT <sup>4</sup> , TOPICAL SUSPENSION <sup>4</sup>	Skin Conditions	calcipotriene-betamethasone
	TYKERB <sup>4</sup>	Cancer	lapatinib
	zileuton <sup>2</sup>	Asthma/COPD/ Respiratory	montelukast, zafirlukast
	ZYFLO <sup>7</sup>	Asthma/COPD/ Respiratory	montelukast, zafirlukast
June 7	COMBOGESIC 325-97.5 MG TABLET	Pain Relief and Inflammatory Disease	acetaminophen, ibuprofen
	FERRIC CITRATE 210 MG TABLET	Nutritional/Dietary	lanthanum carbonate, sevelamer carbonate, sevelamer hcl, VELPHORO
	INZIRQO 10 MG/ML ORAL SUSP	Diuretics	hydrochlorothiazide tablets
	ONAPGO 98 MG/20 ML CARTRIDGE	Parkinson's Disease	carbidopa-levodopa er
June 16	ZUNVEYL DR 5 MG, 10 MG, 15 MG TABLET	Alzheimer's Disease	donepezil, galantamine tablet, galantamine er, rivastigmine
April 11	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin ultramicrosize
	XROMI 100 MG/ML SOLUTION	Blood Modifiers/ Bleeding Disorders	DROXIA
April 4	ALHEMO 60 MG/1.5 ML, 150 MG/1.5 ML, 300 MG/3 ML PEN	Blood Modifiers/ Bleeding Disorders	HEMLIBRA
April 3	EMROSI ER 40 MG CAPSULE	Infections	azelaic acid gel, ivermectin cream, metronidazole topical, minocycline oral
	METRONIDAZOLE 125 MG TABLET	Infections	metronidazole tablets (generic)
March 21	OTULFI 45 MG/0.5 ML, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	Pain Relief and Inflammatory Disease	SELARSDI SC, STELARA SC, USTEKINUMAB-TTWE SC, YESINTEK SC
	PYZCHIVA 45 MG/0.5 ML, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	Pain Relief and Inflammatory Disease	SELARSDI SC, STELARA SC, USTEKINUMAB-TTWE SC, YESINTEK SC
	STEQEYMA 45 MG/0.5 ML, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	Pain Relief and Inflammatory Disease	SELARSDI SC, STELARA SC, USTEKINUMAB-TTWE SC, YESINTEK SC
March 17	XPOVIO 40 MG ONCE WEEKLY DOSE	Cancer	bortezomib, DARZALEX, KYPROLIS, POMALYST, REVLIMID, THALOMID
March 15	FENOPRON 300 MG CAPSULE	Pain Relief and Inflammatory Disease	fenoprofen calcium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 15	GABARONE 100 MG, 400 MG TABLET	Seizure Disorders	gabapentin (generic)
	TOPIRAMATE 50 MG SPRINKLE CAP	Seizure Disorders	topiramate sprinkle cap (generic)
	WEZLANA 45 MG/0.5 ML, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	STELARA SC
March 11	CORTROPHIN GEL 40 UNIT/0.5, 80 UNIT/ML SYRINGE	Hormonal Agents	Talk to your doctor about other options.
March 6	CLOBETASOL 0.025% CREAM	Skin Conditions	betamethasone dipropionate clobetasol propionate, clobetasol e, desoximetasone, fluocinonide, halobetasol propionate
February 18	PALFORZIA 1 MG (LEVEL 0), PALFORZIA INITIAL (1-3 Years)	Allergy Nasal Sprays	Talk to your doctor about other options.
February 1	LABETALOL HCL 400 MG TABLET	Blood Pressure/Heart Medications	Labetalol (generic)
	MIPLYFFA 47 MG, 62 MG, 93 MG, 124 MG CAPSULE	Miscellaneous	Talk to your doctor about other options.
	OPIPZA 2 MG, 5 MG, 10 MG FILM	Schizophrenia/Anti-Psychotics	aripiprazole odt, aripiprazole oral solution
January 24	AZMIRO 200 MG/ML SYRINGE	Hormonal Agents	testosterone cypionate, testosterone enanthate, XYOSTED
	ITOVEBI 3 MG, 9 MG TABLET	Cancer	Talk to your doctor about other options.
	VYALEV 120 MG-2,400 MG/10ML VL	Parkinson's Disease	carbidopa-levodopa er
January 11	COBENFY 50 MG-20 MG, 100 MG-20 MG, 125 MG-30 MG CAPSULE, STARTER PACK	Schizophrenia/Anti-Psychotics	aripiprazole, asenapine maleate, lurasidone hcl, olanzapine, quetiapine fumarate, risperidone, ziprasidone hcl
	EVERSENSE 365 SENSOR	Diabetes	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR, FREESTYLE LIBRE 2 PLUS SENSOR, FREESTYLE LIBRE 3 SENSOR PLUS
	EVERSENSE 365 TRANSMITTER	Diabetes	DEXCOM G6 SENSOR, DEXCOM G7 SENSOR, FREESTYLE LIBRE 2 SENSOR, FREESTYLE LIBRE 3 SENSOR, FREESTYLE LIBRE 2 PLUS SENSOR, FREESTYLE LIBRE 3 SENSOR PLUS

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	BASAGLAR KWIKPEN U-100	Diabetes	INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
	BASAGLAR TEMPO PEN U-100	Diabetes	INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
	DYMISTA <sup>3</sup>	Allergy/Nasal Sprays	azelastine-fluticasone
	EMEND IV	Gastrointestinal/Heartburn	fosaprepitant
	FANAPT <sup>12</sup>	Schizophrenia/Anti-Psychotics	<ul style="list-style-type: none"> <li>• Only affects customers filling a prescription for this medication for the first time on or after January 1</li> <li>• aripiprazole, asenapine, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone</li> </ul>
	FORTEO <sup>3</sup>	Osteoporosis Products	teriparatide
	HUMALOG 100 UNIT/ML VIAL <sup>13</sup>	Diabetes	<ul style="list-style-type: none"> <li>• Only affects customers filling a prescription for this medication for the first time on or after January 1</li> <li>• INSULIN LISPRO</li> </ul>
	HUMIRA <sup>14</sup> , HUMIRA PEDIATRIC <sup>14</sup> (made by AbbVie)	Pain Relief and Inflammatory Disease	<ul style="list-style-type: none"> <li>• Only affects customers filling a prescription for this medication for the first time on or after January 1</li> <li>• ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(CF), ADALIMUMAB-RYVK(CF) AUTO-INJECTOR CYLTEZO(CF), SIMLANDI(CF) AUTO-INJECTOR</li> </ul>
	HYRIMOZ(CF) <sup>3</sup> , HYRIMOZ(CF) PEDIATRIC CROHN'S <sup>3</sup> , HYRIMOZ(CF) PEN <sup>3</sup> , HYRIMOZ(CF) PEN CROHN-UC START <sup>3</sup> , HYRIMOZ(CF) PEN PSORIASIS <sup>3</sup> (made by Sandoz)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(CF), ADALIMUMAB-RYVK(CF) AUTO-INJECTOR, CYLTEZO(CF), SIMLANDI(CF) AUTO-INJECTOR
	KARBINAL ER <sup>3</sup>	Allergy/Nasal Sprays	carbinoxamine, cetirizine, clemastine, desloratadine, diphenhydramine, fexofenadine, levocetirizine
	LUMIGAN <sup>3</sup>	Eye Conditions	bimatoprost, latanoprost, tafluprost, travoprost

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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<sup>6</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	RELISTOR TABLETS <sup>3</sup>	Gastrointestinal/ Heartburn	lubiprostone, MOVANTIK, SYMPROIC
	SAXENDA <sup>3</sup>	Weight Management	WEGOVY, ZEPBOUND
	SEGLUROMET <sup>3</sup>	Diabetes	SYNJARDY, SYNJARDY XR, XIGDUO XR
	STEGLATRO <sup>3</sup>	Diabetes	FARXIGA, JARDIANCE
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	dihydroergotamine
	VYZULTA <sup>3</sup>	Eye Conditions	bimatoprost, latanoprost, tafluprost, travoprost

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



For patients who have  
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## Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty® Drug List.<sup>6,11</sup> 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
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
ANKTIVA*	intravesical gemcitabine or mitomycin, KEYTRUDA*, ADSTILADRIN
APHEXDA	PLERIXAFOR
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYRINGE/AUTO-INJECTOR, TEZSPIRE*, XOLAIR*
DDAVP	desmopressin acetate
DOCIVYX	docetaxel
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA**	NYVEPRIA*, NEULASTA*+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	FULPHILA*^, NYVEPRIA*, NEULASTA*, NEULASTA ONPRO*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
GAMMAGARD LIQUID*, GAMMAGARD S/D*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*

Medication Name (not covered)	Preferred Medications
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN, HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, CUVITRU*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
INFLIXIMAB*	AVSOLA*, INFLECTRA*
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
KISUNLA*	Talk to your doctor about other options.
LEMTRADA*	AVONEX+, BAFIERTAM+, BETASERON, BRIUMVI**+, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY*, PONVORY+, REBIF+, teriflunomide, TYSABRI**+, VUMERITY*, ZEPOSIA
LEQVIO*	REPATHA
MONOVISC	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. Patients can go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty) to find an in-network provider.

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

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



For patients who have  
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their employer

## Cigna Pathwell Specialty Drug List (cont.)

Medication Name (not covered)	Preferred Medications
NEULASTA <sup>^</sup>	FULPHILA <sup>^</sup> , NYVEPRIA <sup>*</sup> , NEULASTA <sup>+</sup> , NEULASTA ONPRO <sup>+</sup> , UDENYCA <sup>*</sup> , UDENYCA AUTO-INJECTOR <sup>*</sup> , UDENYCA ONBODY <sup>*</sup> , ZIEXTENZO <sup>^</sup>
NEULASTA ONBODY <sup>^</sup>	FULPHILA <sup>^</sup> , NYVEPRIA <sup>*</sup> , NEULASTA <sup>+</sup> , NEULASTA ONPRO <sup>+</sup> , UDENYCA <sup>*</sup> , UDENYCA AUTO-INJECTOR <sup>*</sup> , UDENYCA ONBODY <sup>*</sup> , ZIEXTENZO <sup>^</sup>
NEUPOGEN	NIVESTYM, ZARXIO
ONTRUZANT <sup>*</sup>	KANJINTI <sup>*</sup> , OGIVRI <sup>*</sup> , TRAZIMERA <sup>*</sup>
ORENCIA IV <sup>*</sup>	ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
PIASKY <sup>*</sup>	SOLIRIS <sup>*</sup> , ULTOMIRIS <sup>*</sup>
RELEUKO	NIVESTYM, ZARXIO
REMICADE <sup>*</sup>	AVSOLA <sup>*</sup> , INFLECTRA <sup>*</sup>
REMODULIN <sup>*</sup>	treprostinil <sup>*</sup>
RENFLEXIS <sup>*</sup>	AVSOLA <sup>*</sup> , INFLECTRA <sup>*</sup>
REVATIO	sildenafil
RITUXAN <sup>*</sup> , RITUXAN HYCELA <sup>*</sup>	RIABNI <sup>*</sup> , RUXIENCE <sup>*</sup> , TRUXIMA <sup>*</sup>
RUCONEST <sup>*</sup>	icatibant
RYLAZE	ASPARLAS, ONCASPAR

Medication Name (not covered)	Preferred Medications
SANDOSTATIN LAR DEPOT <sup>*</sup>	SOMATULINE DEPOT <sup>*</sup>
SAPHNELO <sup>*</sup>	BENLYSTA <sup>*</sup>
SIGNIFOR LAR <sup>*</sup>	SOMATULINE DEPOT <sup>*</sup>
STIMUFEND <sup>*</sup>	FULPHILA <sup>^</sup> , NYVEPRIA <sup>*</sup> , NEULASTA <sup>+</sup> , NEULASTA ONPRO <sup>+</sup> , UDENYCA <sup>*</sup> , UDENYCA AUTO-INJECTOR <sup>*</sup> , UDENYCA ONBODY <sup>*</sup> , ZIEXTENZO <sup>^</sup>
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN (repackaged, intravitreal inj)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC, SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3
TOFIDENCE IV	ACTEMRA IV <sup>*</sup> , TYENNE IV <sup>*</sup>
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
VEGZELMA <sup>*</sup>	MVASI <sup>*</sup> , ZIRABEV <sup>*</sup>
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI <sup>*</sup>	AIMOVIG, AJOVY, EMGALITY
ZIEXTENZO <sup>+</sup>	NYVEPRIA <sup>*</sup> , NEULASTA <sup>+</sup> , NEULASTA ONPRO <sup>+</sup> , UDENYCA <sup>*</sup> , UDENYCA AUTO-INJECTOR <sup>*</sup> , UDENYCA ONBODY <sup>*</sup>

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

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

The Cigna Healthcare Pharmacy and Therapeutics Committee is currently reviewing the Cigna Pathwell Specialty medications listed below for determination of coverage. In the meantime, if you'd like your patient to use a newly approved medication, your office can ask Cigna Healthcare to consider approving it through the coverage review process.

Date Review Initiated	Medication Name/Class	Review Completion Date	Pathwell Specialty Network Required	Plans Affected
03/05/2025	<b>BKEMV</b> (Blood Disorders, Immunosuppressants)	08/31/2025	Yes	C, I
03/12/2025	<b>IVRA</b> (Cancer)	09/07/2025	No	C, I
03/26/2025	<b>RYONCIL</b> (Immunosuppressants)	07/01/2025	No	C, I
03/26/2025	<b>EPYSQLI</b> (Blood Cell Disorders, Immunosuppressants)	07/01/2025	No	C, I
04/23/2025	<b>USTEKINUMAB (by Centocor)</b> (Inflammatory Conditions)	10/19/2025	No	C, I
05/14/2025	<b>TEPYLUTE</b> (Cancer)	11/10/2025	No	C, I
05/21/2025	<b>IMAAVY</b> (Immune Disorder)	11/17/2025	Yes	C, I
05/21/2025	<b>JUBBONTI</b> (Bone Health)	11/17/2025	Yes	C, I
05/21/2025	<b>WYOST</b> (Bone Health)	11/17/2025	Yes	C, I
05/28/2025	<b>EMRELIS</b> (Cancer)	11/24/2025	Yes	C, I
05/28/2025	<b>RYZNEUTA</b> (Cancer)	11/24/2025	Yes	C, I

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For patients who  
purchase their own  
health plan coverage

## Cigna Healthcare Plus 4-Tier Prescription Drug List – for Florida

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		XARELTO
			VYNDAMAX

### Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adapalene	eletriptan
almotriptan	erythromycin ethylsuccinate
amlodipine-valsartan-hctz	erythromycin-benzoyl peroxide
amphetamine sulfate	fenoprofen 600 mg tablet
aprepitant	fentanyl patch
ATRIPLA	fluvastatin
azelaic acid	fluvastatin er
bromfenac sodium	frovatriptan
calcipotriene cream, ointment, solution	gatifloxacin eye drops
carbidopa-levodopa-entacapone	griseofulvin
cefaclor er	griseofulvin ultramicrosize
chlorpromazine	GYNAZOLE I
clobetasol emollient foam	hydrocortisone butyrate
clobetasol emulsion foam	ketoprofen
clocortolone pivalate	lamotrigine er
colesevelam	lamotrigine odt
demeclocycline	lansoprazole-amoxicillin-clarithromycin
desoximetasone	levoxyl
dexmethylphenidate er	linezolid 600 mg tablet

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For patients who  
purchase their own  
health plan coverage

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

### Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
malathion	prednisone intensol
mefenamic acid	PREZISTA 600 MG, 800 MG TABLET
meperidine	promethegan
meprobamate	quinidine gluconate
methazolamide	risedronate
methylphenidate er (la)	risedronate dr
methylphenidate cd	SELZENTRY 150 MG, 300 MG TABLET
methylphenidate er (cd)	SEREVENT
methylphenidate la	spinosad
naftifine	sulfadiazine
nicardipine	sumatriptan nasal spray
niva thyroid	tazarotene
np thyroid	testosterone
octreotide acetate	tetracycline
opium tincture	thyroid
oxymorphone	topiramate er
oxymorphone er	tovet emollient foam
paromomycin	tranlycypromine
pramipexole er	verapamil er pm
praziquantel	zolmitriptan tablet
prednisolone sodium phosphate odt	zolmitriptan odt

### Medications that will have a quantity limit as of January 1, 2025

Medication Name	Medication Name
AURYXIA 210 MG TABLET	doxepin 5% cream
AUVELITY ER 45-105 MG TABLET	FARESTON 60 MG TABLET
budesonide 2 mg rectal foam	GRASTEK
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	insulin glargine-yfgn UI00 pen, vial

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

### Medications that will have a quantity limit as of January 1, 2025 (cont.)

Medication Name
KERENDIA 10 MG, 20 MG TABLET
KRINTAFEL 150 MG TABLET
LUCEMYRA 0.18 MG TABLET
MIEBO 100% EYE DROPS
NORLIQVA 1 MG/ML SOLUTION
NOVOLIN R 100 UNIT/ML FLEXPEN
NUDEXTA 20-10 MG CAPSULE
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
OMNIPOD CLASSIC PODS(GEN3) 5 PACK
OMNIPOD DASH PODS (GEN 4) 5 PACK
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
ORALAIR 300 IR SUBLINGUAL TABLET
prudoxin 5% cream
RAGWITEK SUBLINGUAL TABLET
RECORLEV 150 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN

Medication Name
RYALTRIS 665-25 MCG SPRAY
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
SYMJEPI 0.3 MG/0.3 ML SYRINGE
TAVNEOS 10 MG CAPSULE
TLANDO 112.5 MG CAPSULE
toremifene 60 mg tablet
UCERIS 2 MG RECTAL FOAM
VERKAZIA 0.1% EYE EMULSION
VTAMA 1% CREAM
XOSPATA 40 MG TABLET
XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
zonalon 5% cream
ZONISADE 100 MG/5 ML ORAL SUSPENSION
ZTALMY 50 MG/ML SUSPENSION

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name
April 1	MOUNJARO
	OZEMPIC
	RYBELSUS
March 15	ORENCIA SC
	SOTYKTU
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET

Date Change Starts	Medication Name
January 15	BRUKINSA
	CAMZYOS
	GRASTEK
	LONSURF
	UPTRAVI TABLET, TITRATION PACK
	VYNDAMAX

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



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

**Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>**

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
VOTRIENT <sup>3</sup>	pazopanib
ZIOPTAN	tafluprost

**Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>**

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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



For patients who purchase their own health plan coverage

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

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name
March 1	dabigatran
	ELIQUIS
	XARELTO

Date Change Starts	Medication Name
January 1	DESCOVY 120-15 MG TABLET
	DESCOVY 200-25 MG TABLET

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



For patients who  
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## Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX
		January 1	DESCOVY 200-25 MG TABLET

### Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	COMPLERA
adapalene	demeclocycline
almotriptan	desoximetasone
amlodipine-valsartan-hctz	dexmethylphenidate er
amphetamine sulfate	DOVATO
aprepitant	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
azelaic acid	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
BIKTARVY	eletriptan
bromfenac sodium	erythromycin ethylsuccinate
calcipotriene cream, ointment, solution	erythromycin-benzoyl peroxide
carbidopa-levodopa-entacapone	fenoprofen 600 mg tablet
cefaclor er	fentanyl patch
chlorpromazine	fluvastatin
CHORIONIC GONADOTROPIN	fluvastatin er
clobetasol emollient foam	frovatriptan
clobetasol emulsion foam	gatifloxacin eye drops
clocortolone pivalate	GENVOYA
colesevelam	griseofulvin

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



For patients who  
purchase their own  
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## Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

### Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
griseofulvin ultramicrosize	paromomycin
GYNAZOLE I	pramipexole er
hydrocortisone butyrate	praziquantel
JULUCA	prednisolone sodium phosphate odt
ketoprofen	prednisone intensol
lamotrigine er	promethegan
lamotrigine odt	quinidine gluconate
lansoprazole-amoxicillin-clarithromycin	risedronate
levoxyl	risedronate er
linezolid 600 mg tablet	SEREVENT*
malathion	spinosad
mefenamic acid	STRIBILD
meperidine	sulfadiazine
meprobamate	sumatriptan nasal spray
methazolamide	SYMTUZA
methylphenidate er (la)	tazarotene
methylphenidate cd	testosterone
methylphenidate er (cd)	tetracycline
methylphenidate la	thyroid
naftifine	topiramate er
nicardipine	tovet emollient foam
niva thyroid	tranylcypromine
np thyroid	TRIUMEQ
octreotide acetate	TRIUMEQ PD
ODEFSEY	verapamil er pm
opium tincture	zolmitriptan tablet
oxymorphone	zolmitriptan odt
oxymorphone er	

\* This change is only for patients in Illinois and North Carolina.

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



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

### Medications that will have a quantity limit as of January 1, 2025

Medication Name	Medication Name
AURYXIA 210 MG TABLET	prudoxin 5% cream
AUVELITY ER 45-105 MG TABLET	RAGWITEK SUBLINGUAL TABLET
budesonide 2 mg rectal foam	RECORLEV 150 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	RELION NOVOLIN R U-100 FLEXPEN
doxepin 5% cream	RYALTRIS 665-25 MCG SPRAY
FARESTON 60 MG TABLET	SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
GRASTEK	SYMJEPI 0.3 MG/0.3 ML SYRINGE
insulin glargine-yfgn U100 pen, vial	TAVNEOS 10 MG CAPSULE
KERENDIA 10 MG, 20 MG TABLET	TLANDO 112.5 MG CAPSULE
KRINTAFEL 150 MG TABLET	toremifene 60 mg tablet
LUCEMYRA 0.18 MG TABLET	UCERIS 2 MG RECTAL FOAM
MIEBO 100% EYE DROPS	VERKAZIA 0.1% EYE EMULSION
NORLIQVA 1 MG/ML SOLUTION	VTAMA 1% CREAM
NOVOLIN R 100 UNIT/ML FLEXPEN	XOSPATA 40 MG TABLET
NUEDEXTA 20-10 MG CAPSULE	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	zonalon 5% cream
OMNIPOD DASH PODS (GEN 4) 5 PACK	ZONISADE 100 MG/5 ML ORAL SUSPENSION
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/ DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	ZTALMY 50 MG/ML SUSPENSION
ORALAIR 300 IR SUBLINGUAL TABLET	

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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



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

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
PREZISTA 600 MG, 800 MG TABLET	darunavir
SEREVENT*	STRIVERDI
VOTRIENT <sup>3</sup>	pazopanib
ZIOPTAN	tafluprost

\* This change is only for patients in Georgia, Mississippi, Tennessee and Texas.

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



For patients who purchase their own health plan coverage

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

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name
March 1	dabigatran
	ELIQUIS
	XARELTO

Date Change Starts	Medication Name
January 1	DESCOVY 120-15 MG TABLET
	DESCOVY 200-25 MG TABLET

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





For patients who  
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## Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX
		January 1	DESCOVY 200-25 MG TABLET

### Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	COMPLERA
adapalene	demeclocycline
almotriptan	desoximetasone
amlodipine-valsartan-hctz	dexmethylphenidate er
amphetamine sulfate	DOVATO
aprepitant	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
azelaic acid	efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)
BIKTARVY	eletriptan
bromfenac sodium	erythromycin ethylsuccinate
calcipotriene cream, ointment, solution	erythromycin-benzoyl peroxide
carbidopa-levodopa-entacapone	fenoprofen 600 mg tablet
cefaclor er	fentanyl patch
chlorpromazine	fluvastatin
CHORIONIC GONADOTROPIN	fluvastatin er
clobetasol emollient foam	frovatriptan
clobetasol emulsion foam	gatifloxacin eye drops
clocortolone pivalate	GENVOYA
colesevelam	griseofulvin

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



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

### Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://Cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
griseofulvin ultramicrosize	paromomycin
GYNAZOLE I	pramipexole er
hydrocortisone butyrate	praziquantel
JULUCA	prednisolone sodium phosphate odt
ketoprofen	prednisone intensol
lamotrigine er	promethegan
lamotrigine odt	quinidine gluconate
lansoprazole-amoxicillin-clarithromycin	risedronate
levoxyl	risedronate dr
linezolid 600 mg tablet	SEREVENT
malathion	spinosad
mefenamic acid	STRIBILD
meperidine	sulfadiazine
meprobamate	sumatriptan nasal spray
methazolamide	SYMTUZA
methylphenidate er (la)	tazarotene
methylphenidate cd	testosterone
methylphenidate er (cd)	tetracycline
methylphenidate la	thyroid
naftifine	topiramate er
nicardipine	tovet emollient foam
niva thyroid	tranylcypromine
np thyroid	TRIUMEQ
octreotide acetate	TRIUMEQ PD
ODEFSEY	verapamil er pm
opium tincture	zolmitriptan tablet
oxymorphone	zolmitriptan odt
oxymorphone er	

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



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

### Medications that will have a quantity limit as of January 1, 2025

Medication Name	Medication Name
AURYXIA 210 MG TABLET	prudoxin 5% cream
AUVELITY ER 45-105 MG TABLET	RAGWITEK SUBLINGUAL TABLET
budesonide 2 mg rectal foam	RECORLEV 150 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	RELION NOVOLIN R U-100 FLEXPEN
doxepin 5% cream	RYALTRIS 665-25 MCG SPRAY
FARESTON 60 MG TABLET	SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
GRASSTEK	SYMJEPI 0.3 MG/0.3 ML SYRINGE
insulin glargine-yfgn U100 pen, vial	TAVNEOS 10 MG CAPSULE
KERENDIA 10 MG, 20 MG TABLET	TLANDO 112.5 MG CAPSULE
KRINTAFEL 150 MG TABLET	toremifene 60 mg tablet
LUCEMYRA 0.18 MG TABLET	UCERIS 2 MG RECTAL FOAM
MIEBO 100% EYE DROPS	VERKAZIA 0.1% EYE EMULSION
NORLIQVA 1 MG/ML SOLUTION	VTAMA 1% CREAM
NOVOLIN R 100 UNIT/ML FLEXPEN	XOSPATA 40 MG TABLET
NUEDEXTA 20-10 MG CAPSULE	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	zonalon 5% cream
OMNIPOD DASH PODS (GEN 4) 5 PACK	ZONISADE 100 MG/5 ML ORAL SUSPENSION
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/ DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	ZTALMY 50 MG/ML SUSPENSION
ORALAIR 300 IR SUBLINGUAL TABLET	

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASSTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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



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

**Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>**

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
PREZISTA 600 MG, 800 MG TABLET	darunavir
VOTRIENT <sup>3</sup>	pazopanib
ZIOPTAN	tafluprost

**Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>**

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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



For patients who purchase their own health plan coverage

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

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name
March 1	dabigatran
	ELIQUIS
	XARELTO

Date Change Starts	Medication Name
January 1	DESCOVY 120-15 MG TABLET
	DESCOVY 200-25 MG TABLET

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



For patients who  
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## Cigna Healthcare Essential 5-Tier Prescription Drug List – for Colorado

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX
		January 1	DESCOVY 200-25 MG TABLET

### Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	desoximetasone
adapalene	dexmethylphenidate er
almotriptan	DOVATO
amlodipine-valsartan-hctz	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
amphetamine sulfate	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
aprepitant	erythromycin ethylsuccinate
BIKTARVY	erythromycin-benzoyl peroxide
bromfenac sodium	fenoprofen 600 mg tablet
calcipotriene cream, ointment, solution	fentanyl patch
carbidopa-levodopa-entacapone	fluvastatin
cefaclor er	fluvastatin er
chlorpromazine	frovatriptan
clobetasol emollient foam	gatifloxacin eye drops
clobetasol emulsion foam	GENVOYA
clocortolone pivalate	griseofulvin
COMPLERA	griseofulvin ultramicrosize
demeclocycline	GYNAZOLE I

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



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

### Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name
hydrocortisone butyrate
JULUCA
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
linezolid 600 mg tablet
malathion
mefenamic acid
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine
nicardipine
octreotide acetate
ODEFSEY
opium tincture
oxymorphone
oxymorphone er
paromomycin

Medication Name
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
promethegan
quinidine gluconate
risedronate
risedronate dr
spinosad
STRIBILD
sulfadiazine
sumatriptan nasal spray
SYMTUZA
tazarotene
testosterone
tetracycline
topiramate er
tovet emollient foam
tranylcypromine
TRIUMEQ
TRIUMEQ PD
verapamil er pm
zolmitriptan tablet
zolmitriptan odt



For patients who  
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health plan coverage

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

### Medications that will have a quantity limit as of January 1, 2025 (cont.)

Medication Name	Medication Name
AURYXIA 210 MG TABLET	prudoxin 5% cream
AUVELITY ER 45-105 MG TABLET	RAGWITEK SUBLINGUAL TABLET
budesonide 2 mg rectal foam	RECORLEV 150 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	RELION NOVOLIN R U-100 FLEXPEN
doxepin 5% cream	RYALTRIS 665-25 MCG SPRAY
FARESTON 60 MG TABLET	SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
GRASTEK	SYMJEPI 0.3 MG/0.3 ML SYRINGE
insulin glargine-yfgn U100 pen, vial	TAVNEOS 10 MG CAPSULE
KERENDIA 10 MG, 20 MG TABLET	TLANDO 112.5 MG CAPSULE
KRINTAFEL 150 MG TABLET	toremifene 60 mg tablet
LUCEMYRA 0.18 MG TABLET	UCERIS 2 MG RECTAL FOAM
MIEBO 100% EYE DROPS	VERKAZIA 0.1% EYE EMULSION
NORLIQVA 1 MG/ML SOLUTION	VTAMA 1% CREAM
NOVOLIN R 100 UNIT/ML FLEXPEN	XOSPATA 40 MG TABLET
NUEDEXTA 20-10 MG CAPSULE	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	zonalon 5% cream
OMNIPOD DASH PODS (GEN 4) 5 PACK	ZONISADE 100 MG/5 ML ORAL SUSPENSION
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/ DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	ZTALMY 50 MG/ML SUSPENSION
ORALAIR 300 IR SUBLINGUAL TABLET	

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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





For patients who  
purchase their own  
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# Cigna Healthcare Essential 5-Tier Prescription Drug List – for Colorado (cont.)

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
PREZISTA 600 MG, 800 MG TABLET	darunavir
SEREVENT	STRIVERDI
VOTRIENT <sup>3</sup>	pazopanib

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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



For patients who  
purchase their own  
health plan coverage

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

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name
March 1	dabigatran
	ELIQUIS
	XARELTO

Date Change Starts	Medication Name
January 1	DESCOVY 120-15 MG TABLET
	DESCOVY 200-25 MG TABLET

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



For patients who  
purchase their own  
health plan coverage

## Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 1	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

### Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adapalene	dexmethylphenidate er
almotriptan	eletriptan
amlodipine-valsartan-hctz	erythromycin ethylsuccinate
amphetamine sulfate	erythromycin-benzoyl peroxide
aprepitant	fenoprofen 600 mg tablet
ATRIPLA	fentanyl patch
azelaic acid	fluvastatin
bromfenac sodium	fluvastatin er
calcipotriene cream, ointment, solution	frovatriptan
carbidopa-levodopa-entacapone	gatifloxacin eye drops
cefaclor er	griseofulvin
chlorpromazine	griseofulvin ultramicrosize
clobetasol emollient foam	GYNAZOLE I
clobetasol emulsion foam	hydrocortisone butyrate
clocortolone pivalate	ketoprofen
colesevelam	lamotrigine er
demeclocycline	lamotrigine odt
desoximetasone	lansoprazole-amoxicillin-clarithromycin

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



For patients who  
purchase their own  
health plan coverage

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

## Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name
levoxyl
linezolid 600 mg tablet
malathion
mefenamic acid
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine
nicardipine
niva thyroid
np thyroid
octreotide acetate
opium tincture
oxymorphone
oxymorphone er
paromomycin
pramipexole er
praziquantel

Medication Name
prednisolone sodium phosphate odt
prednisone intensol
PREZISTA 600 MG, 800 MG TABLET
promethegan
quinidine gluconate
risedronate
risedronate dr
SELZENTRY 150 MG, 300 MG TABLET
SEREVENT
spinosad
sulfadiazine
sumatriptan nasal spray
tazarotene
testosterone
tetracycline
thyroid
topiramate er
tovet emollient foam
tranylcypromine
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

## Medications that will have a quantity limit as of January 1, 2025

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET
budesonide 2 mg rectal foam

Medication Name
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg
doxepin 5% cream
FARESTON 60 MG TABLET

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



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

### Medications that will have a quantity limit as of January 1, 2025 (cont.)

Medication Name
GRASTEK
insulin glargine-yfgn UI00 pen, vial
KERENDIA 10 MG, 20 MG TABLET
KRINTAFEL 150 MG TABLET
LUCEMYRA 0.18 MG TABLET
MIEBO 100% EYE DROPS
NORLIQVA 1 MG/ML SOLUTION
NOVOLIN R 100 UNIT/ML FLEXPEN
NUEDEXTA 20-10 MG CAPSULE
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
OMNIPOD CLASSIC PODS(GEN3) 5 PACK
OMNIPOD DASH PODS (GEN 4) 5 PACK
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
ORALAIR 300 IR SUBLINGUAL TABLET
prudoxin 5% cream
RAGWITEK SUBLINGUAL TABLET
RECORLEV 150 MG TABLET

Medication Name
RELION NOVOLIN R U-100 FLEXPEN
RYALTRIS 665-25 MCG SPRAY
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
SYMJEPI 0.3 MG/0.3 ML SYRINGE
TAVNEOS 10 MG CAPSULE
TLANDO 112.5 MG CAPSULE
toremifene 60 mg tablet
UCERIS 2 MG RECTAL FOAM
VERKAZIA 0.1% EYE EMULSION
VTAMA 1% CREAM
XOSPATA 40 MG TABLET
XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
zonalon 5% cream
ZONISADE 100 MG/5 ML ORAL SUSPENSION
ZTALMY 50 MG/ML SUSPENSION

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name
April 1	MOUNJARO
	OZEMPIC
	RYBELSUS
March 15	ORENCIA SC
	SOTYKTU
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET

Date Change Starts	Medication Name
January 15	BRUKINSA
	CAMZYOS
	GRASTEK
	LONSURF
	UPTRAVI TABLET, TITRATION PACK
	VYNDAMAX

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



For patients who  
purchase their own  
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# Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida (cont.)

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
VOTRIENT <sup>3</sup>	pazopanib
ZIOPTAN	tafluprost

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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



For patients who purchase their own health plan coverage

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

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name
March 1	dabigatran
	ELIQUIS
	XARELTO

Date Change Starts	Medication Name
January 1	DESCOVY 120-15 MG TABLET
	DESCOVY 200-25 MG TABLET

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



For patients who  
purchase their own  
health plan coverage

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

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 1	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX
		January 1	DESCOVY 200-25 MG TABLET

## Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	COMPLERA
adapalene	demeclocycline
almotriptan	desoximetasone
amlodipine-valsartan-hctz	dexmethylphenidate er
amphetamine sulfate	DOVATO
aprepitant	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
azelaic acid	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
BIKTARVY	eletriptan
bromfenac sodium	erythromycin ethylsuccinate
calcipotriene cream, ointment, solution	erythromycin-benzoyl peroxide
carbidopa-levodopa-entacapone	fenoprofen 600 mg tablet
cefaclor er	fentanyl patch
chlorpromazine	fluvastatin
CHORIONIC GONADOTROPIN	fluvastatin er
clobetasol emollient foam	frovatriptan
clobetasol emulsion foam	gatifloxacin eye drops
clocortolone pivalate	GENVOYA
colesevelam	griseofulvin

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





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

## Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
JULUCA
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
levoxyl
linezolid 600 mg tablet
malathion
mefenamic acid
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine
nicardipine
niva thyroid
np thyroid
octreotide acetate
ODEFSEY
opium tincture
oxymorphone
oxymorphone er

Medication Name
paromomycin
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
promethegan
quinidine gluconate
risedronate
risedronate dr
SEREVENT*
spinosad
STRIBILD
sulfadiazine
sumatriptan nasal spray
SYMTUZA
tazarotene
testosterone
tetracycline
thyroid
topiramate er
tovet emollient foam
tranylcypromine
TRIUMEQ
TRIUMEQ PD
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

\* This change is only for patients in Illinois and North Carolina.

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



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

### Medications that will have a quantity limit as of January 1, 2025

Medication Name	Medication Name
AURYXIA 210 MG TABLET	prudoxin 5% cream
AUVELITY ER 45-105 MG TABLET	RAGWITEK SUBLINGUAL TABLET
budesonide 2 mg rectal foam	RECORLEV 150 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	RELION NOVOLIN R U-100 FLEXPEN
doxepin 5% cream	RYALTRIS 665-25 MCG SPRAY
FARESTON 60 MG TABLET	SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
GRASSTEK	SYMJEPI 0.3 MG/0.3 ML SYRINGE
insulin glargine-yfgn U100 pen, vial	TAVNEOS 10 MG CAPSULE
KERENDIA 10 MG, 20 MG TABLET	TLANDO 112.5 MG CAPSULE
KRINTAFEL 150 MG TABLET	toremifene 60 mg tablet
LUCEMYRA 0.18 MG TABLET	UCERIS 2 MG RECTAL FOAM
MIEBO 100% EYE DROPS	VERKAZIA 0.1% EYE EMULSION
NORLIQVA 1 MG/ML SOLUTION	VTAMA 1% CREAM
NOVOLIN R 100 UNIT/ML FLEXPEN	XOSPATA 40 MG TABLET
NUEDEXTA 20-10 MG CAPSULE	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	zonalon 5% cream
OMNIPOD DASH PODS (GEN 4) 5 PACK	ZONISADE 100 MG/5 ML ORAL SUSPENSION
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/ DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	ZTALMY 50 MG/ML SUSPENSION
ORALAIR 300 IR SUBLINGUAL TABLET	

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASSTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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



For patients who  
purchase their own  
health plan coverage

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

**Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>**

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
PREZISTA 600 MG, 800 MG TABLET	darunavir
SEREVENT*	STRIVERDI
VOTRIENT <sup>3</sup>	pazopanib
ZIOPTAN	tafluprost

**Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>**

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

\* This change is only for patients in Georgia, Mississippi, Tennessee and Texas.

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



For patients who purchase their own health plan coverage

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

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name	Date Change Starts	Medication Name
March 1	dabigatran	January 1	DESCOVY 120-15 MG TABLET
	ELIQUIS		DESCOVY 200-25 MG TABLET
	XARELTO		

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



For patients who  
purchase their own  
health plan coverage

## Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 1	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		XARELTO
		January 1	DESCOVY 200-25 MG TABLET

### Medications that will be covered on a higher tier as of January 1, 2025

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	COMPLERA
adapalene	demeclocycline
almotriptan	desoximetasone
amlodipine-valsartan-hctz	dexmethylphenidate er
amphetamine sulfate	DOVATO
aprepitant	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
azelaic acid	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
BIKTARVY	eletriptan
bromfenac sodium	erythromycin ethylsuccinate
calcipotriene cream, ointment, solution	erythromycin-benzoyl peroxide
carbidopa-levodopa-entacapone	fenoprofen 600 mg tablet
cefaclor er	fentanyl patch
chlorpromazine	fluvastatin
CHORIONIC GONADOTROPIN	fluvastatin er
clobetasol emollient foam	frovatriptan
clobetasol emulsion foam	gatifloxacin eye drops
clocortolone pivalate	GENVOYA
colesevelam	griseofulvin

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



For patients who  
purchase their own  
health plan coverage

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

### Medications that will be covered on a higher tier as of January 1, 2025 (cont.)

Your patients can review the 2025 drug list at [Cigna.com/ifp-drug-list](https://Cigna.com/ifp-drug-list) to see what tier their medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
griseofulvin ultramicrosize	paromomycin
GYNAZOLE I	pramipexole er
hydrocortisone butyrate	praziquantel
JULUCA	prednisolone sodium phosphate odt
ketoprofen	prednisone intensol
lamotrigine er	promethegan
lamotrigine odt	quinidine gluconate
lansoprazole-amoxicillin-clarithromycin	risedronate
levoxyl	risedronate dr
linezolid 600 mg tablet	SEREVENT
malathion	spinosad
mefenamic acid	STRIBILD
meperidine	sulfadiazine
meprobamate	sumatriptan nasal spray
methazolamide	SYMTUZA
methylphenidate er (la)	tazarotene
methylphenidate cd	testosterone
methylphenidate er (cd)	tetracycline
methylphenidate la	thyroid
naftifine	topiramate er
nicardipine	tovet emollient foam
niva thyroid	tranylcypromine
np thyroid	TRIUMEQ
octreotide acetate	TRIUMEQ PD
ODEFSEY	verapamil er pm
opium tincture	zolmitriptan tablet
oxymorphone	zolmitriptan odt
oxymorphone er	

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



For patients who  
purchase their own  
health plan coverage

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

### Medications that will have a quantity limit as of January 1, 2025

Medication Name	Medication Name
AURYXIA 210 MG TABLET	prudoxin 5% cream
AUVELITY ER 45-105 MG TABLET	RAGWITEK SUBLINGUAL TABLET
budesonide 2 mg rectal foam	RECORLEV 150 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	RELION NOVOLIN R U-100 FLEXPEN
doxepin 5% cream	RYALTRIS 665-25 MCG SPRAY
FARESTON 60 MG TABLET	SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
GRASTEK	SYMJEPI 0.3 MG/0.3 ML SYRINGE
insulin glargine-yfgn U100 pen, vial	TAVNEOS 10 MG CAPSULE
KERENDIA 10 MG, 20 MG TABLET	TLANDO 112.5 MG CAPSULE
KRINTAFEL 150 MG TABLET	toremifene 60 mg tablet
LUCEMYRA 0.18 MG TABLET	UCERIS 2 MG RECTAL FOAM
MIEBO 100% EYE DROPS	VERKAZIA 0.1% EYE EMULSION
NORLIQVA 1 MG/ML SOLUTION	VTAMA 1% CREAM
NOVOLIN R 100 UNIT/ML FLEXPEN	XOSPATA 40 MG TABLET
NUEDEXTA 20-10 MG CAPSULE	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	ZENZEDI 2.5 MG, 7.5 MG, 15 M20 MG, 30 MG TABLET
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	zonalon 5% cream
OMNIPOD DASH PODS (GEN 4) 5 PACK	ZONISADE 100 MG/5 ML ORAL SUSPENSION
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/ DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	ZTALMY 50 MG/ML SUSPENSION
ORALAIR 300 IR SUBLINGUAL TABLET	

### Medications that will need approval from Cigna Healthcare before they can be covered<sup>5</sup>

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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



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

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives<sup>6</sup>

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR
fluticasone propionate diskus	ALVESCO, ARNUITY ELLIPTA, QVAR
HUMALOG U-100 (VIAL ONLY)	insulin lispro (vial)
HUMATROPE <sup>3</sup>	GENOTROPIN
HYRIMOZ <sup>3</sup>	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN <sup>3</sup>	GENOTROPIN
NOXAFIL 40 MG/ML SUSPENSION	posaconazole
ONGLYZA	saxagliptin
PREZISTA 600 MG, 800 MG TABLET	darunavir
VOTRIENT <sup>3</sup>	pazopanib
ZIOPTAN	tafluprost

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025<sup>7</sup>

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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





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

Will no longer need approval from Cigna before it can be covered (“prior authorization”).

Date Change Starts	Medication Name
March 1	dabigatran
	ELIQUIS
	XARELTO

Date Change Starts	Medication Name
January 1	DESCOVY 120-15 MG TABLET
	DESCOVY 200-25 MG TABLET

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



**For patients who  
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## Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty® Drug List.<sup>6,11</sup> 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 Medication(s)
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
ANTIVKA*	intravesical gemcitabine or mitomycin, KEYTRUDA*, ADSTILADRIN
APHEXDA	PLERIXAFOR
ASCENIV*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYRINGE/AUTO-INJECTOR, TEZSPIRE*, XOLAIR*
DDAVP	desmopressin acetate
DOCIVYX	docetaxel
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
GAMMAGARD LIQUID*, GAMMAGARD S/D*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (not covered)	Preferred Medication(s)
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, CUVITRU*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
INFLIXIMAB*	AVSOLA*, INFLECTRA*
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
KISUNLA*	Talk to your doctor about other options.
LEMTRADA*	AVONEX, BRIUMVI*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, OCREVUS*, teriflunomide, TYSABRI*
LEQVIO*	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEUPOGEN	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
ORENCIA IV*	ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, HYRIMOZ, RINVOQ, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
PIASKY*	SOLIRIS*, ULTOMIRIS*

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. Patients can go to [Cigna.com/pathwellspecialty](https://Cigna.com/pathwellspecialty) to find an in-network provider.



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## Cigna Pathwell Specialty Drug List (cont.)

Medication Name (not covered)	Preferred Medication(s)
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
RYTELO*	REBLOZYL*
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STIMUFEND*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (not covered)	Preferred Medication(s)
SUSVIMO	AVASTIN (REPACKAGED, INTRAVITREAL INJ)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC, SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3
TOFIDENCE IV	ACTEMRA IV*, TYENNE IV*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
VEGZELMA*	MVASI*, ZIRABEV*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZIEXTENZO*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*

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. Patients can go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty) to find an in-network provider.

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

The Cigna Healthcare Pharmacy and Therapeutics Committee is currently reviewing the Cigna Pathwell Specialty medications listed below for determination of coverage. In the meantime, if you'd like your patient to use a newly approved medication, your office can ask Cigna Healthcare to consider approving it through the coverage review process.

Date Review Initiated	Medication Name/Class	Review Completion Date	Pathwell Specialty Participating Provider Required	Plans Affected
03/05/2025	<b>BKEMV</b> (Blood Disorders, Immunosuppressants)	08/31/2025	Yes	C, I
03/12/2025	<b>IVRA</b> (Cancer)	09/07/2025	No	C, I
03/26/2025	<b>RYONCIL</b> (Immunosuppressants)	07/01/2025	No	C, I
03/26/2025	<b>EPYSQLI</b> (Blood Cell Disorders, Immunosuppressants)	07/01/2025	No	C, I
04/23/2025	<b>USTEKINUMAB (by Centocor)</b> (Inflammatory Conditions)	10/19/2025	No	C, I
05/14/2025	<b>TEPYLUTE</b> (Cancer)	11/10/2025	No	C, I
05/21/2025	<b>IMAAVY</b> (Immune Disorder)	11/17/2025	Yes	C, I
05/21/2025	<b>JUBBONTI</b> (Bone Health)	11/17/2025	Yes	C, I
05/21/2025	<b>WYOST</b> (Bone Health)	11/17/2025	Yes	C, I
05/28/2025	<b>EMRELIS</b> (Cancer)	11/24/2025	Yes	C, I
05/28/2025	<b>RYZNEUTA</b> (Cancer)	11/24/2025	Yes	C, I

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 Cigna Pathwell Specialty participating provider. Cigna Pathwell Specialty "participating providers" are providers, pharmacies and facilities that meet our quality and cost standards. This includes the specialty pharmacy you order the medication from and the place where your patient is having an injection or infusion treatment done.



1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. For example, if Cigna Healthcare is making a change to your medication on January 1 but your new plan year doesn't start until March 1, the change(s) won't affect you until March 1. 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.
  - **Connecticut, Louisiana, Nevada, New York and Texas:** Your plan may be required to continue covering your medication as it is now, until your new plan year starts.
  - **Illinois:** If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts.
2. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval from Cigna Healthcare for your plan to cover this medication, this change won't affect you (unless your prescription changes at some point).
3. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
4. **This change only affects customers using this medication to treat central precocious puberty (CPP).**
5. **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, quantity limits, Step Therapy and/or age requirements.
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 1 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. 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.
8. If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it until your approval period ends. However, starting January 1, you'll pay a higher cost-share to fill it.
9. If Cigna Healthcare approves coverage of this medication, it may cost you more to fill. You'll pay your non-preferred brand copay or coinsurance to fill it.
10. This medication will also have a quantity limit.
11. 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.
12. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** This change won't affect customers currently filling a prescription for this medication (unless your prescription changes).
13. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** This change won't affect customers currently filling a prescription for this medication until January 1, 2026.
14. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** This change won't affect customers currently filling a prescription for this medication until July 1, 2025.

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

### Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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 연락해주시시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시시오.

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

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

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

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

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

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

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

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

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

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

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