

# Medication Coverage Changes

2024

These are the medication coverage changes Cigna Healthcare<sup>SM</sup> is making in 2024.<sup>1</sup> Medications are listed alphabetically by drug list name. Use the chart below to find what page your drug list is on.

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

Drug List Name	Page	Drug List Name	Page
Cigna Healthcare Standard Prescription Drug List	2-17	Cigna Healthcare Legacy (Performance) Prescription Drug List	84-100
Cigna Healthcare Performance Prescription Drug List	18-35	Cigna Healthcare Total Savings Prescription Drug List	101-116
Cigna Healthcare Value Prescription Drug List	36-51	Cigna Healthcare National Preferred Prescription Drug List	117-129
Cigna Healthcare Advantage Prescription Drug List	52-68	Cigna Pathwell Specialty <sup>SM</sup> Drug List	130-131
Cigna Healthcare Legacy (Standard) Prescription Drug List	69-83		





## 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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Substance Abuse	This medication will be a preferred brand (Tier 2).
September 1st	GVOKE	Diabetes	This medication will be a preferred brand (Tier 2).
	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).
	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).
	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).
	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).

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

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

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
July 1st	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).
June 1st	ADALIMUMAB-ADBIM (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	POMALYST	Cancer	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMYY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1st	ASMANEX HFA/TWISTHALER	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN GLARGINE YFGN [SEMGLEE-YFGN], VL, PEN	Diabetes	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OGIVRI	Cancer	This will be a preferred medication under the Cigna Healthcare <b>medical</b> benefit. <sup>2</sup>
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare <b>pharmacy</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare <b>medical</b> benefit. <sup>2</sup>

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 1st	RETEVMO TABLET	Cancer	Talk with your doctor about your options.
October 1st	OJEMDA	Cancer	Talk with your doctor about your options.
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk with your doctor about your options.

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 15th	WINREVAIR	Asthma/COPD/ Respiratory	ambrisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
	REZDIFFRA	Gastrointestinal/ Heartburn	Talk with your doctor about your options.
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	ANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about your options.
May 1st	VOQUEZNA	Gastrointestinal/ Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Nutritional/Dietary	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	VANFLYTA	Cancer	Talk with your doctor about your options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	TOBRAMYCIN PAK 300 MG/5 ML	Infections	tobramycin inhalation ampules

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ZIEXTENZO <sup>3</sup>	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> <li>This will be a non-preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a non-preferred medication under the <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA</li> </ul>

## Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna

Date Change Starts	Medication Name	Drug Class
December 1st	TAVNEOS	Blood Modifiers/Bleeding Disorders
November 15th	EBGLYSS	Skin Conditions
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 15th	FILSUEVZ 10% GEL	Skin Conditions
	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory
June 1st	ADALIMUMAB-ADBIM (QUALLANT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLANT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVEO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna

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

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
June 1st	ADALIMUMAB-ADBIM (QUALLENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer

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

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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

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

### Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6,16</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options
	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND

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



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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 15th	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
October 15th	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg
September 1st	EOHILIA	Hormonal Agents	budesonide
	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
	ALVAIZ	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options
July 1st	ALUNBRIG <sup>14</sup>	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL <sup>15</sup>	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE <sup>14</sup>	Seizure Disorders	divalproex dr
	DEPAKOTE ER <sup>14</sup>	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE <sup>14</sup>	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG <sup>14</sup>	Cancer	imatinib, SPRYCEL
	ISTURISA <sup>14</sup>	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM <sup>14</sup>	Diabetes	mifepristone 300 mg
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60 mg/5 ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60 mg, pyridostigmine er 180 mg
	NORTHERA <sup>15</sup>	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600 MG & 800 MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	QTERN <sup>15</sup>	Diabetes	GLYXAMBI
	RAVICTI <sup>14</sup>	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL <sup>15</sup>	Schizophrenia/Anti-Psychotics	risperidone
	SCEMBLIX <sup>14</sup>	Cancer	imatinib, SPRYCEL
	SELZENTRY 150 MG & 300 MG <sup>15</sup>	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT <sup>15</sup>	Cancer	sunitinib
	TARGRETIN CAPSULE <sup>15</sup>	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS <sup>15</sup>	Osteoporosis	teriparatide 600 mcg/2.4 ml
	VOTRIENT <sup>15</sup>	Cancer	pazopanib
	WAINUA	Miscellaneous	Talk to your doctor about other options
	XULTOPHY	Diabetes	SOLIQUA
	XYREM <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA <sup>15</sup>	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA <sup>14</sup>	Cancer	ALECENSA
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBM CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
June 1st	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO
	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA <sup>7</sup>	Asthma/COPD/Respiratory	tadalafil 20 mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	ALOCRI L 2%	Eye Conditions	cromolyn eye drops
	ALOMIDE 0.1%	Eye Conditions	cromolyn eye drops

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	AMJEVITA <sup>7</sup> (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC  <i>**This medication was taken off the drug list on 9/1/23**</i>
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BEPREVE 1.5%	Eye Conditions	bepotastine eye drops
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
	BROMFED DM	Cold and Cough Medications	bromphenamine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL <sup>7</sup>	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD <sup>7</sup>	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	DESVENLAFAXINE ER <sup>5</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DICLOFENAC EPOLAMINE 1.3% <sup>7</sup> (Authorized Generic for FLECTOR)	Pain Relief and Inflammatory Disease	FLECTOR
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	EXFORGE	Blood Pressure/Heart Medications	amlodipine-valsartan
	EXFORGE HCT	Blood Pressure/Heart Medications	amlodipine-valsartan-hctz
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE <sup>7</sup>	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE <sup>7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INDERAL XL <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine, brimonidone drops

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

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

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	NORPRAMIN	Anxiety/Depression/Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PATANOL 0.1%	Eye Conditions	olopatadine eye drops
	PAXIL <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine
	PAXIL CR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IOMG CAPSULES <sup>8</sup>	Blood Thinners/Anti-Clotting	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRAVACHOL <sup>7</sup>	Cholesterol Medications	pravastatin
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PRISTIQ <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	PROZAC <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	fluoxetine
	PULMICORT FLEXHALER	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/Bipolar Disorder	mirtazapine
	RENVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) <sup>7</sup>	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM <sup>7</sup>	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT

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

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

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

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

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



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

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

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

## Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

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

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

## Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## 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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE IV	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Substance Abuse	This medication will be a preferred brand (Tier 2).
September 1st	GVOKE	Diabetes	This medication will be a preferred brand (Tier 2).
	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).
	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).
	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
July 1st	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).
June 1st	ADALIMUMAB-ADBIM (QUALLANT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALLANT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	POMALYST	Cancer	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
February 9th	ABILIFY ASIMTUFI	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA INITIO	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
February 1st	XDEMVY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN GLARGINE YFGN [SEMGLEE-YFGN], VL, PEN	Diabetes	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OGIVRI	Cancer	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare <b>pharmacy</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/ Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare <b>medical</b> benefit. <sup>2</sup>

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 1st	RETEVMO TABLET	Cancer	Talk with your doctor about your options.
October 1st	OJEMDA	Cancer	Talk with your doctor about your options.
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk with your doctor about your options.
August 15th	WINREVAIR	Asthma/COPD/Respiratory	ambrisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
	REZDIFFRA	Gastrointestinal/Heartburn	Talk with your doctor about your options.
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 15th	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder	Talk with your doctor about your options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Cancer	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	POMBILITI	Miscellaneous	Talk with your doctor about your options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	ELFABRIO	Miscellaneous	Talk with your doctor about your options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	VANFLYTA	Cancer	Talk with your doctor about your options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ARGATROBAN 250 MG/2.5 ML VIAL <sup>3</sup>	Blood Thinners/Anti-Clotting	Talk with your doctor about your options.
	BORTEZOMIB 3.5 MG IV VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	cisplatin 50mg vial <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 1 GM/5 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 2 GM/10 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 500 GM/2.5 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GANCICLOVIR 500 GM/250 ML VIAL <sup>3</sup>	Infections	Talk with your doctor about your options.
	GEL-ONE 30 MG/3 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	GEMCITABINE HCL 1 GRAM/10 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE HCL 1.5 GRAM/15 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE HCL 2 GRAM/20 ML <sup>3</sup>	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	GEMCITABINE HCL 200 GRAM/2 VL <sup>3</sup>	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	GENVISC 850 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	PARICALCITOL 10 MCG/2 ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PARICALCITOL 2 MCG/ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PARICALCITOL 5 MCG/ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PROVISC 10 MG/ML DISP SYRINGE <sup>3</sup>	Eye Conditions	DUROLANE, EUFLEXXA, GELSYN-3
	SUPARTZ FX 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	TENIPOSIDE 50 MG/5 ML AMPULE <sup>3</sup>	Cancer	Talk with your doctor about your options.
	TOBRAMYCIN PAK 300 MG/5 ML <sup>3</sup>	Infections	tobramycin inhalation ampules
	TRIVISC 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VISCO-3 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ZIEXTENZO <sup>3</sup>	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> <li>This will be a non-preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a non-preferred medication under the <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA</li> </ul>
	ZOLEDRONIC ACID 4 MG/100 ML <sup>3</sup>	Osteoporosis Products	Talk with your doctor about your options.

## Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	TAVNEOS	Blood Modifiers/Bleeding Disorders
November 15th	EBGLYSS	Skin Conditions
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE IV	Pain Relief and Inflammatory Disease
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 15th	FILSUEVZ 10% GEL	Skin Conditions
	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory
June 1st	ADALIMUMAB-ADBM (QUALLENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVEO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	LIKMEZ	Infections
	OMVOH IV	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
	LUPKYNIS	Transplant Medication
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
	POMBILITI	Miscellaneous
March 1st	BIMZELX	Pain Relief and Inflammatory Disease
	ELFABRIO	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMVI	Eye Conditions
January 1st	CAROSPIR SUSPENSION <sup>5</sup>	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer

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



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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

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

### Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6,16</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options

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

## Cigna Healthcare 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>6,16</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 15th	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND
	PIASKY	Blood Modifiers/Bleeding Disorders	SOLIRIS, ULTOMIRIS
	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
	RYTELO	Cancer	REBLOZYL
October 15th	DOCIVYX	Cancer	docetaxel
	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg
October 1st	TOFIDENCE IV	Pain Relief and Inflammatory Disease	ACTEMRA IV, TYENNE IV
September 15th	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
September 1st	EOHILIA	Hormonal Agents	budesonide
	KISUNLA	Alzheimer's Disease	Talk to your doctor about other options
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
	ALVAIZ	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options
July 1st	ALUNBRIG <sup>14</sup>	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL <sup>15</sup>	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository

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

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

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	VOTRIENT <sup>15</sup>	Cancer	pazopanib
	WAINUA	Miscellaneous	Talk to your doctor about other options
	XULTOPHY	Diabetes	SOLIQUA
	XYREM <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA <sup>15</sup>	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA <sup>14</sup>	Cancer	ALECENSA
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB M CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	APHEXDA	Cancer	plerixafor
	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6 mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA <sup>7</sup>	ASTHMA/COPD/RESPIRATORY	tadalafil 20 mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	ALOCRIL 2%	Eye Conditions	cromolyn eye drops
	ALOMIDE 0.1%	Eye Conditions	cromolyn eye drops
	AMJEVITA <sup>7</sup> (Biosimilar to Humira))	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC  **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BEPREVE 1.5%	Eye Conditions	bepotastine eye drops
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
	BROMFED DM	Cold and Cough Medications	bromphenamine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	citalopram

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CINQAIR <sup>7</sup>	Asthma/COPD/Respiratory	TEZSPIRE, DUPIXENT, FASENRA, NUCALA, XOLAIR
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL <sup>7</sup>	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD <sup>7</sup>	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER <sup>5</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DICLOFENAC EPOLAMINE 1.3% <sup>7</sup> (Authorized Generic for FLECTOR))	Pain Relief and Inflammatory Disease	FLECTOR
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	EXFORGE	Blood Pressure/Heart Medications	amlodipine-valsartan
	EXFORGE HCT	Blood Pressure/Heart Medications	amlodipine-valsartan-hctz
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE <sup>7</sup>	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROP	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE <sup>7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INDERAL XL <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS <sup>7</sup>	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI <sup>8</sup> (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LESCOL XL <sup>7</sup>	Cholesterol Medications	fluvastatin er
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	TRESIBA, SEMGLEE, INSULIN GLARGINE YFGN
	LITHOBID <sup>8</sup>	Anxiety/Depression/ Bipolar Disorder	lithium carbonate, lithium carbonate er
	LIVALO <sup>7</sup>	Cholesterol Medications	pitavastatin, atorvastatin, simvastatin, rosuvastatin
	LOPRESSOR <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	LOVAZA	Cholesterol Medications	omega-3 acid ethyl esters
	LUNESTA <sup>7</sup>	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET <sup>8</sup>	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Skin Conditions	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/ Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN <sup>8</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/ Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PATANOL 0.1%	Eye Conditions	olopatadine eye drops
	PAXIL <sup>7</sup>	Anxiety/Depression/ Bipolar Disorder	paroxetine
	PAXIL CR <sup>7</sup>	Anxiety/Depression/ Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	POLYMYXIN B-TMP EYE DROPS
	PRADAXA IIMG CAPSULES <sup>8</sup>	Pain Relief and Inflammatory Disease	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRAVACHOL <sup>7</sup>	Cholesterol Medications	pravastatin
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PRISTIQ <sup>7</sup>	Anxiety/Depression/ Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr

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



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

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	TOPROL XL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA <sup>9</sup>	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	VOLTAREN 1% GEL <sup>7</sup>	Pain Relief and Inflammatory Disease	diclofenac sodium 1% gel
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SYRINGE <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC <sup>7</sup>	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOCOR <sup>7</sup>	Cholesterol Medications	simvastatin
	ZOLOFT <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

## Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100 mg/20 mL solution	Asthma/COPD/Respiratory
	anticoag sodium citrate 4% syringe	Blood Thinners/Anti-Clotting

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

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

Medications that will no longer be covered under the pharmacy benefit<sup>10</sup> (cont.)

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

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

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

## Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## Cigna Healthcare Value Prescription Drug List

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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Substance Abuse	This medication will be a preferred brand (Tier 2).
September 1st	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCSEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).
	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).
	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).
	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).

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

## Cigna Healthcare Value 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
June 1st	ADALIMUMAB-ADBIM (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	POMALYST	Cancer	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVEY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1st	ASMANEX TWISTHALER	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	AZASITE 1% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare <b>pharmacy</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare <b>medical</b> benefit. <sup>2</sup>

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 1st	RETEVMO TABLET	Cancer	Talk with your doctor about your options.
October 1st	OJEMDA	Cancer	Talk with your doctor about your options.
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk with your doctor about your options.
August 15th	WINREVAIR	Asthma/COPD/Respiratory	ambrisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
	REZDIFFRA	Gastrointestinal/Heartburn	Talk with your doctor about your options.

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about your options.
May 1st	VOQUEZNA	Gastrointestinal/ Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Cancer	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	VANFLYTA	Cancer	Talk with your doctor about your options.
January 1st	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	TOBRAMYCIN PAK 300 MG/5 ML <sup>3</sup>	Infections	tobramycin inhalation ampules
	ZIEXTENZO <sup>3</sup>	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> <li>This will be a non-preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a non-preferred medication under the <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA</li> </ul>

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	TAVNEOS	Blood Modifiers/Bleeding Disorders
November 15th	EBGLYSS	Skin Conditions
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory
July 1st	FILSUVEZ 10% GEL	Skin Conditions
June 1st	ADALIMUMAB-ADBIM (QUALENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVEO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
	LUPKYNIS	Transplant Medications
	QBREXZA CLOTH	Skin Conditions
March 15th	NGENLA	Hormonal Agents
	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
	XYOSTED	Hormonal Agents
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMVEY	Eye Conditions

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



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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	CAROSPIR SUSPENSION <sup>5</sup>	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
June 1st	ADALIMUMAB-ADB (QUALLENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVIO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous

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

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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

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

### Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6,16</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options
	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND
	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
October 15th	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
September 15th	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
	EOHILIA	Hormonal Agents	budesonide
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
	ALVAIZ	Blood Modifiers/Bleeding Disorders Agents	Talk to your doctor about other options
July 1st	ALUNBRIG <sup>14</sup>	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL <sup>15</sup>	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE <sup>14</sup>	Seizure Disorders	divalproex dr
	DEPAKOTE ER <sup>14</sup>	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE <sup>14</sup>	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG <sup>14</sup>	Cancer	imatinib, SPRYCEL
	ISTURISA <sup>14</sup>	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM <sup>14</sup>	Diabetes	mifepristone 300 mg
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60 mg/5 ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60 mg, pyridostigmine er 180 mg
	NORTHERA <sup>15</sup>	Blood Pressure/Heart Medications	droxidopa
	PREZISTA 600 MG & 800 MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/Heart Medications	nifedipine er

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	PROMETRIUM	Hormonal Agents	progesterone
	RAVICTI <sup>14</sup>	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL <sup>15</sup>	Schizophrenia/Anti-Psychotics	risperidone
	SCEMBLIX <sup>14</sup>	Cancer	imatinib, SPRYCEL
	SELZENTRY 150 MG & 300 MG <sup>15</sup>	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT <sup>15</sup>	Cancer	sunitinib
	TARGRETIN CAPSULE <sup>15</sup>	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/Heart Medications	aliskiren
	TYMLOS <sup>15</sup>	Osteoporosis	teriparatide 600 mcg/2.4 ml
	VOTRIENT <sup>15</sup>	Cancer	pazopanib
	WAINUA	Miscellaneous	Talk to your doctor about other options
	XULTOPHY	Diabetes	SOLIQUA
	XYREM <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA <sup>15</sup>	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA <sup>14</sup>	Cancer	ALECENSA
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBMC, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	AUGTYRO	Cancer	ROZYLTRK, XALKORI, ZYKADIA
	HADLIMA (ORGANON)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBMC, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADBM CF, STELARA
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, ADALIMUMAB-ADBM CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADBM CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA <sup>7</sup>	ASTHMA/COPD/RESPIRATORY	tadalafil 20 mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	AMJEVITA <sup>7</sup> (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC

*\*\*This medication was taken off the drug list on 9/1/23\*\**

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BROMFED DM	Cold and Cough Medications	brompheniramine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointment
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL <sup>7</sup>	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD <sup>7</sup>	Blood Pressure/Heart Medications	nadolol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops
	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER <sup>5</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE <sup>7</sup>	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, BUDESONIDE-FORMOTEROL
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE <sup>7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INDERAL XL <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INSULIN LISPRO, JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops, brimonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS <sup>7</sup>	Miscellaneous	dichlorphenamide

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI <sup>8</sup> (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	BASAGLAR, REZVOGLAR, TRESIBA
	LITHOBID <sup>8</sup>	Anxiety/Depression/Bipolar Disorder	lithium carbonate, lithium carbonate er
	LOPRESSOR <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LOVAZA	Cholesterol Medications	omega-3 acid ethyl esters
	LUNESTA <sup>7</sup>	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET <sup>8</sup>	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Skin Conditions	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN <sup>8</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder	desipramine
	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PAXIL <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine
	PAXIL CR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops

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



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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	PRADAXA 110 MG CAPSULES <sup>8</sup>	Blood Thinners/ Anti-Clotting	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PROZAC <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	fluoxetine
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/Bipolar Disorder	mirtazapine
	RENVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) <sup>7</sup>	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM <sup>7</sup>	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR <sup>7</sup>	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR <sup>8</sup> (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	STRATTERA	Attention Deficit Hyperactivity Disorder	atomoxetine
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE-FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine
	SYNERA	Hormonal Agents	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY <sup>8</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC <sup>7</sup>	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN <sup>7</sup>	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE <sup>7</sup>	Osteoporosis Products	FORTEO, TYMLOS

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamicin eye ointments
	TOPROL XL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA <sup>9</sup>	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC <sup>7</sup>	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOLOFT <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

## Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

Date Change Starts	Medication Name	Drug Class
April 15th*	ENTYVIO SQ	Pain Relief and Inflammatory Disease
January 1st	albuterol 100 mg/20 mL solution	Asthma/COPD/Respiratory
	anticoag sodium citrate 4% syringe	Blood Thinners/Anti-Clotting
	ferrocite plus	Nutritional/Dietary

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

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

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

### Medications that will no longer be covered under the pharmacy benefit<sup>10</sup> (cont.)

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

Date Change Starts	Medication Name	Drug Class
January 1st	L.E.T. (LIDO-EPINEPH-TETRA) GEL	Pain Relief and Inflammatory Disease
	NICOMIDE	Nutritional/Dietary
	SODIUM CITRATE 4% LOCK FLUSH	Blood Thinners/Anti-Clotting
	SODIUM CITRATE 4% SYRINGE	Blood Thinners/Anti-Clotting
	testosterone cypionate 6,000 mg/30 mL	Hormonal Agents
	testosterone cypionate 1,000 mg/5 mL	Hormonal Agents
	testosterone cypionate 500 mg/2.5 mL	Hormonal Agents
	testosterone enan. 1,000 mg/5 mL	Hormonal Agents
	TROPICA 1%-CYCLOPEN 1%-PE 2.5%	Eye Conditions

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

### Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## Cigna Healthcare Advantage Prescription Drug List

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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	LIRAGLUTIDE	Diabetes	This medication will be a preferred brand (Tier 2).
	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE IV	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Substance Abuse	This medication will be a preferred brand (Tier 2).
September 1st	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
August 1st	SOMAVERT	Hormonal Agents	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).

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

## Cigna Healthcare 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
July 1st	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).
	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).
	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).
June 1st	ADALIMUMAB-ADBIM (QUALLENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	POMALYST	Cancer	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
February 9th	ABILIFY ASIMTUFI	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA INITIO	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand (Tier 2).
	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
February 9th	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVI	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	AZASITE 1% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OGIVRI	Cancer	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare <b>pharmacy</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred medication under the Cigna Healthcare <b>medical</b> benefit. <sup>2</sup>

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 1st	RETEVMO TABLET	Cancer	Talk with your doctor about your options.
October 1st	OJEMDA	Cancer	Talk with your doctor about your options.
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk with your doctor about your options.
August 15th	WINREVAIR	Asthma/COPD/Respiratory	ambrisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
	REZDIFFRA	Gastrointestinal/Heartburn	Talk with your doctor about your options.
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder	Talk with your doctor about your options.
May 1st	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Cancer	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	POMBILITI	Miscellaneous	Talk with your doctor about your options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	ELFABRIO	Miscellaneous	Talk with your doctor about your options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	VANFLYTA	Cancer	Talk with your doctor about your options.
January 1st	argatroban 250 mg/2.5 ml vial <sup>3</sup>	Blood Thinners/Anti-Clotting	Talk with your doctor about your options.
	bortezomib 3.5 mg IV vial <sup>3</sup>	Cancer	Talk with your doctor about your options.

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	cisplatin 50 mg vial <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 1 MG/5 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 2 MG/10 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 500 MG/2.5 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GANCICLOVIR 500 MG/250 ML BAG <sup>3</sup>	Infections	Talk with your doctor about your options.
	GEL-ONE 30 MG/3 ml SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	GEMCITABINE hcl 1 MG/10 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE hcl 1.5 MG/15 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE hcl 2 MG/20 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE hcl 200 MG/2 ml VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GENVISC 850 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	PARICALCITOL 10 MCG/2 ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PARICALCITOL 2 MCG/ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PARICALCITOL 5 MCG/ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PROVISC 10 MG/ML DISP SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	SUPARTZ FX 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	teniposide 50 MG/5 ML ampule <sup>3</sup>	Cancer	Talk with your doctor about your options.
	TOBRAMYCIN PAK 300 MG/5 ML <sup>3</sup>	Infections	tobramycin inhalation ampules
	TRIVISC 25 MG/2.5 ml SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VISCO-3 25 MG/2.5 ml SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	ZIEXTENZO <sup>3</sup>	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> <li>This will be a non-preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a non-preferred medication under the <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA</li> </ul>
	zoledronic acid 4 mg/100 ml <sup>3</sup>	Osteoporosis Products	Talk with your doctor about your options.

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



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

### Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	TAVNEOS	Blood Modifiers/Bleeding Disorders
November 15th	EBGLYSS	Skin Conditions
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE IV	Pain Relief and Inflammatory Disease
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory
July 1st	FILSUVEZ 10% GEL	Skin Conditions
June 1st	ADALIMUMAB-ADBIM (QUALLENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVEO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
	LUPKYNIS	Transplant Medications
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
	POMBILITI	Miscellaneous
March 1st	ELFABRIO	Miscellaneous
February 15th	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
February 1st	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 1st	CAROSPIR SUSPENSION <sup>5</sup>	Diuretics
	LITFULO	Skin Conditions
	SKYTROFA	Hormonal Agents
	VERQUVO	Blood Pressure/Heart Medications

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
June 1st	ADALIMUMAB-ADBIM (QUALLENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVEO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous

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

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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

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

### Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives<sup>6,16</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options
	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND
	PIASKY	Blood Modifiers/Bleeding Disorders	SOLIRIS, ULTOMIRIS
	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
	RYTELO	Cancer	REBLOZYL

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
October 15th	DOCIVYX	Cancer	docetaxel
	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg
October 1st	TOFIDENCE IV	Pain Relief and Inflammatory Disease	ACTEMRA IV, TYENNE IV
September 15th	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
September 1st	EOHILIA	Hormonal Agents	budesonide
	KISUNLA	Alzheimer's Disease	Talk to your doctor about other options
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
	ALVAIZ	Blood Modifiers/Bleeding Disorders Agents	Talk to your doctor about other options
July 1st	ALUNBRIG <sup>14</sup>	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL <sup>15</sup>	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%
	DEPAKOTE <sup>14</sup>	Seizure Disorders	divalproex dr
	DEPAKOTE ER <sup>14</sup>	Seizure Disorders	divalproex er
	DEPAKOTE SPRINKLE <sup>14</sup>	Seizure Disorders	divalproex dr capsule sprinkle
	DYRENIUM	Diuretics	triamterene
	FIRVANQ	Infections	vancomycin oral solution
	ICLUSIG <sup>14</sup>	Cancer	imatinib, SPRYCEL
	ISTURISA <sup>14</sup>	Hormonal Agents	LYSODREN, ketoconazole, METOPIRONE, SIGNIFOR, SIGNIFOR LAR
	JALYN	Urinary Tract Conditions	tamsulosin-dutasteride
	KORLYM <sup>14</sup>	Diabetes	mifepristone 300 mg

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60 mg/5 ml
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease	pyridostigmine 60 mg, pyridostigmine er 180 mg
	NORTHERA <sup>15</sup>	Blood Pressure/ Heart Medications	droxidopa
	PREZISTA 600 MG & 800 MG	AIDS/HIV	darunavir
	PROCARDIA XL	Blood Pressure/ Heart Medications	nifedipine er
	PROMETRIUM	Hormonal Agents	progesterone
	RAVICTI <sup>14</sup>	Gastrointestinal/Heartburn	sodium phenylbutyrate, PHEBURANE
	RISPERDAL <sup>15</sup>	Schizophrenia/Anti-Psychotics	risperidone
	RISPERDAL CONSTA <sup>14</sup>	Schizophrenia/Anti-Psychotics	risperidone er vial
	SCEMBLIX <sup>14</sup>	Cancer	imatinib, SPRYCEL
	SELZENTRY 150 MG & 300 MG <sup>15</sup>	AIDS/HIV	maraviroc
	sodium oxybate (Authorized Generic) made by Amneal <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	SUTENT <sup>15</sup>	Cancer	sunitinib
	TARGRETIN CAPSULES <sup>15</sup>	Cancer	bexarotene capsule
	TARGRETIN GEL	Skin Conditions	bexarotene gel
	TEKTURNA	Blood Pressure/ Heart Medications	aliskiren
	TYMLOS <sup>15</sup>	Osteoporosis	teriparatide 600 mcg/2.4 ml
	VOTRIENT <sup>15</sup>	Cancer	pazopanib
	WAINUA	Miscellaneous	Talk to your doctor about other options
	XULTOPHY	Diabetes	SOLQUA
	XYREM <sup>15</sup>	Sleep Disorders/Sedatives	Talk to your doctor about other options
	ZAVESCA <sup>15</sup>	Miscellaneous	miglustat
	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA <sup>14</sup>	Cancer	ALECENSA
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBMC, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	AUGTYRO	Cancer	ROZYLTRAK, XALKORI, ZYKADIA

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
June 1st	HADLIMA (ORGANON)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB M CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF, STELARA
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	APHEXDA	Cancer	plerixafor
	JESDUVROQ	Miscellaneous	EPOGEN, PROCRT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA <sup>7</sup>	ASTHMA/COPD/ RESPIRATORY	tadalafil 20 mg tablet, alyq

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	ALDACTONE	Diuretics	spironolactone
	AMJEVITA <sup>7</sup> (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC  **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BROMFED DM	Cold and Cough Medications	brompheniramine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CINQAIR <sup>7</sup>	Asthma/COPD/Respiratory	TEZSPIRE, DUPIXENT, FASENRA, NUCALA, XOLAIR
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream
	CLOZARIL <sup>7</sup>	Schizophrenia/Anti-Psychotics	clozapine
	CORGARD <sup>7</sup>	Blood Pressure/Heart Medications	nadalol
	COSOPT DROPS	Eye Conditions	dorzolamide-timolol drops
	COSOPT PF DROPS	Eye Conditions	dorzolamide-timolol drops

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	DELESTROGEN	Hormonal Agents	estradiol valerate
	DESVENLAFAXINE ER <sup>5</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er, duloxetine, bupropion sr
	DUREZOL 0.05% DROPS	Eye Conditions	difluprednate drops
	DUTOPROL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol-hctz
	EFFEXOR XR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	venlafaxine er
	ESGIC	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine
	FIORICET WITH CODEINE <sup>7</sup>	Pain Relief and Inflammatory Disease	butalbital-apap-caffeine-codeine
	FLOVENT DISKUS	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDHALER
	FLOVENT HFA	Asthma/COPD/Respiratory	ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDHALER
	FLUTICASONE-SALMETEROL	Asthma/COPD/Respiratory	DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol
	FML FORTE 0.25% EYE DROPS	Eye Conditions	fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac
	FML LIQUIFILM 0.1% DROPS	Eye Conditions	fluorometholone drops
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications	propranolol solution
	HUMALOG (U-100 VIAL)	Diabetes	HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV
	HUMATROPE <sup>7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	INDERAL LA <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INDERAL XL <sup>7</sup>	Blood Pressure/Heart Medications	propranolol
	INTUNIV	Attention Deficit Hyperactivity Disorder	guanfacine er
	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops, brimonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol

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



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

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

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

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

## Cigna Healthcare 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>6,16</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	PAXIL <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine
	PAXIL CR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IOMG CAPSULES <sup>8</sup>	Blood Thinners/Anti-Clotting	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PROZAC <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	fluoxetine
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	RANEXA	Blood Pressure/Heart Medications	ranolazine er
	REMERON	Anxiety/Depression/Bipolar Disorder	mirtazapine
	REVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) <sup>7</sup>	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM <sup>7</sup>	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR <sup>7</sup>	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR <sup>8</sup> (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	STRATTERA	Attention Deficit Hyperactivity Disorder	atomoxetine
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE/FORMOTEROL
	SYMBYAX	Schizophrenia/Anti-Psychotics	olanzapine/fluoxetine

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	SYNERA	Pain Relief and Inflammatory Disease	lidocaine-prilocaine, lidocaine patch
	SYNAREL NASAL SPRAY <sup>8</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC <sup>7</sup>	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN <sup>7</sup>	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE <sup>7</sup>	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	TOPROL XL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA <sup>9</sup>	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC <sup>7</sup>	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOLOFT <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

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

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

### Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

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

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

### Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## Cigna Healthcare Legacy (Standard) Prescription Drug List

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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Cancer	This medication will be a preferred brand (Tier 2).
September 1st	GVOKE	Diabetes	This medication will be a preferred brand (Tier 2).
	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).
	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).
	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).
	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).

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

## Cigna Healthcare Legacy (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
July 1st	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).
June 1st	ADALIMUMAB-ADBIM (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	POMALYST	Cancer	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMVEY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1st	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare <b>pharmacy</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options
	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND
	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options

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

## Cigna Healthcare 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
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
	RETEVMO TABLET	Cancer	Talk to your doctor about other options
October 15th	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg
October 1st	OJEMDA	Cancer	Talk to your doctor about other options
September 15th	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk to your doctor about other options
September 1st	EOHILIA	Hormonal Agents	budesonide
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
	WINREVAIR	Asthma/COPD/Respiratory	ambrisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	AGAMREE	Hormonal Agents	ambrisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
	ALVAIZ	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options
	FILSUEVZ 10% GEL	Skin Conditions	Talk to your doctor about other options
	REZDIFFRA	Gastrointestinal/Heartburn	Talk to your doctor about other options
July 1st	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CEQUR SIMPLICITY INSERTER	Diabetes	Talk to your doctor about other options
	FIRVANQ	Infections	vancomycin oral solution
	PREZISTA 600 MG & 800 MG	AIDS/HIV	darunavir
	QTERN <sup>15</sup>	Diabetes	GLYXAMBI
	SELZENTRY 150 MG & 300 MG <sup>15</sup>	AIDS/HIV	maraviroc
	TYMLOS <sup>15</sup>	Osteoporosis	teriparatide 600 mcg/2.4 ml
	WAINUA	Miscellaneous	Talk to your doctor about other options

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



## Cigna Healthcare 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 1st	XULTOPHY	Diabetes	SOLQUA
	ZILBRYSQ	Miscellaneous	SOLIRIS
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB M CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	RIVFLOZA	Miscellaneous	OXLUMO
	TRUQAP	Cancer	PIQRAY
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about your options.
May 1st	VOQUEZNA	Gastrointestinal/ Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	LIKMEZ	Infections	metronidazole tablets
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	OJJAARA	Cancer	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6 mg, MITIGARE

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	AKEEGA	Cancer	LYNPARZA
	FORTEO	Osteoporosis Products	teriparatide
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
	VANFLYTA	Cancer	Talk with your doctor about your options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	AMJEVITA <sup>3,8</sup>	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC
	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	HUMATROPE <sup>3,7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LEDIPASVIR/SOFOSBUVI <sup>3,8</sup> (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	MAVYRET <sup>3,8</sup>	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN <sup>3,8</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	SOFOSBUVIR/VELPATASVIR <sup>3,8</sup> (Authorized Generic for Epclusa)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SYNAREL NASAL SPRAY <sup>3,8</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	VICTOZA <sup>9</sup>	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	ZIEXTENZO <sup>3</sup>	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> <li>This will be a non-preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a non-preferred medication under the <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA</li> </ul>

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

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

### Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	VAFSEO	Miscellaneous
November 15th	ACTHAR SELFJECT	Hormonal Agents
	EBGLYSS	Skin Conditions
	OHTUVAYRE	Asthma/COPD/Respiratory
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease
	SOFDRA	Skin Conditions
	VIGAFYDE	Seizure Disorders
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays
	DUVYZAT	Miscellaneous
	ESTRATEST F.S.	Hormonal Agents
	MYHIBBIN	Transplant Medications
	RETEVMO TABLET	Cancer
October 15th	LIRAGLUTIDE	Diabetes
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn
	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	LIBERVANT	Seizure Disorders
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
September 1st	EOHILIA	Hormonal Agents
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder
	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 19th	AGAMREE	Hormonal Agents
July 15th	FILSUEVZ 10% GEL	Skin Conditions
	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory
July 1st	AVODART	Urinary Tract Conditions
	BUPHENYL POWDER	Gastrointestinal/Heartburn
	BUPHENYL TABLET	Gastrointestinal/Heartburn
	CANASA	Gastrointestinal/Heartburn
	CIPRODEX	Ear Medications

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	BROMFED DM	Cold and Cough Medications
	CARNITOR	Nutritional/Dietary
	CARNITOR SF	Nutritional/Dietary
	CAROSPIR SUSPENSION <sup>5</sup>	Diuretics
	CELEXA <sup>8</sup>	Anxiety/Depression/Bipolar Disorder
	CILOXAN 0.3% DROPS	Eye Conditions
	CILOXAN 0.3% OINTMENT <sup>II</sup>	Eye Conditions
	CLEOCIN (CREAM AND OVULES)	Infections
	CLOZARIL <sup>8</sup>	Schizophrenia/Anti-Psychotics
	CORGARD <sup>8</sup>	Blood Pressure/Heart Medications
	COSOPT DROPS	Eye Conditions
	COSOPT PF DROPS	Eye Conditions
	DELESTROGEN	Hormonal Agents
	DESVENLAFAXINE ER <sup>5</sup>	Anxiety/Depression/Bipolar Disorder
	DUREZOL 0.05% DROPS	Eye Conditions
	DUTOPROL <sup>8</sup>	Blood Pressure/Heart Medications
	EFFEXOR XR <sup>8</sup>	Anxiety/Depression/Bipolar Disorder
	ESGIC	Pain Relief and Inflammatory Disease
	EXFORGE	Blood Pressure/Heart Medications
	EXFORGE HCT	Blood Pressure/Heart Medications
	FIORCET	Pain Relief and Inflammatory Disease
	FLOVENT DISKUS <sup>II</sup>	Asthma/COPD/Respiratory
	FLOVENT HFA <sup>II</sup>	Asthma/COPD/Respiratory
	FLUTICASONE-SALMETEROL <sup>II</sup> (Authorized Generic for AIRDUO RESPICLICK)	Asthma/COPD/Respiratory
	FML FORTE 0.25% EYE DROPS <sup>II</sup>	Eye Conditions
	FML LIQUIFILM 0.1% DROP	Eye Conditions
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications
	HUMALOG (U-100 VIAL) <sup>II</sup>	Diabetes
	INDERAL LA <sup>8</sup>	Blood Pressure/Heart Medications
	INDERAL XL <sup>8</sup>	Blood Pressure/Heart Medications
	INTUNIV	Attention Deficit Hyperactivity Disorder
	IOPIDINE 1% DROPS <sup>II</sup>	Eye Conditions
	ISTALOL 0.5% DROPS	Eye Conditions

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

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



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

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
December 1st	VAFSEO	Miscellaneous
November 15th	OHTUVAYRE	Asthma/COPD/Respiratory
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease
	SOFDRA	Skin Conditions
	VIGAFYDE	Seizure Disorders
November 1st	RETEVMO TABLET	Cancer
October 15th	LIRAGLUTIDE	Diabetes
	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	LIBERVANT	Seizure Disorders
	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
September 1st	EOHILIA	Hormonal Agents
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder
	OPSYNVI	Asthma/COPD/Respiratory
July 19th	AGAMREE	Hormonal Agents
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
July 1st	WAINUA	Miscellaneous
	ZILBRYSQ	Miscellaneous
June 15th	VEVYE	Eye Conditions
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-ADB (QUALLANT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLANT)	Pain Relief and Inflammatory Disease
	RIVFLOZA	Miscellaneous
	SIMLANDI	Pain Relief and Inflammatory Disease
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease

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

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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
March 15th	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	ABRILADA (CF)	Pain Relief and Inflammatory Disease
	BRENZAVVY	Diabetes
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Eye Conditions
January 1st	VEOZAH	Miscellaneous
	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

### Medications that are part of Step Therapy<sup>4,6</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
March 15th	ABSORICA	Skin Conditions
	TACLONEX SUSPENSION	Skin Conditions
January 1st	SEREVENT DISKUS	Asthma/COPD/Respiratory
	SYMBICORT	Asthma/COPD/Respiratory

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

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

### Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

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

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

### Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## Cigna Healthcare Legacy (Performance) Prescription Drug List

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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE IV	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	TOFIDENCE IV	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Cancer	This medication will be a preferred brand (Tier 2).
September 1st	GVOKE	Diabetes	This medication will be a preferred brand (Tier 2).
	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).
	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).

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

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

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
July 1st	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).
	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).
June 1st	ADALIMUMAB-ADBIM (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALENT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	POMALYST	Cancer	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH IV	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	OMVOH PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
March 15th	NGENLA	Hormonal Agents	This medication will be a preferred brand (Tier 2).
February 9th	ABILIFY ASIMTUFI	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	ARISTADA INITIO	Schizophrenia/Anti- Psychotics	This medication will be a preferred brand (Tier 2).
	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).

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

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

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
February 9th	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	XDEMYVY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL)	Diabetes	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	OGIVRI	Cancer	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred medication under the Cigna Healthcare <b>pharmacy</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	UDENYCA	Blood Modifiers/Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options
	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND
	PIASKY	Blood Modifiers/Bleeding Disorders	SOLIRIS, ULTOMIRIS
	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	FOCINVEZ	Gastrointestinal/Heartburn	fosaprepitant
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
	RETEVMO TABLET	Cancer	Talk to your doctor about other options
	RYTELO	Cancer	REBLOZYL
	DOCIVYX	Cancer	docetaxel
October 15th	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg
	OJEMDA	Cancer	Talk to your doctor about other options
September 15th	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk to your doctor about other options
September 1st	EOHILIA	Hormonal Agents	budesonide
	KISUNLA	Alzheimer's Disease	Talk to your doctor about other options
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
	WINREVAIR	Asthma/COPD/Respiratory	ambroxol, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution

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

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

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 15th	ALVAIZ	Blood Modifiers/ Bleeding Disorders	Talk to your doctor about other options
	FILSUEVZ 10% GEL	Skin Conditions	Talk to your doctor about other options
	REZDIFFRA	Gastrointestinal/ Heartburn	Talk to your doctor about other options
July 1st	BUPHENYL POWDER	Gastrointestinal/ Heartburn	sodium phenylbutyrate
	CEQUR SIMPLICITY INSERTER	Diabetes	Talk to your doctor about other options
	FIRVANQ	Infections	vancomycin oral solution
	MESTINON (SOLUTION)	Alzheimer's Disease	pyridostigmine 60mg/5ml
	PREZISTA 600 MG & 800 MG	AIDS/HIV	darunavir
	QTERN <sup>15</sup>	Diabetes	GLYXAMBI
	SELZENTRY 150 MG & 300 MG <sup>15</sup>	AIDS/HIV	maraviroc
	TYMLOS <sup>15</sup>	Osteoporosis	teriparatide 600 mcg/2.4 ml
	WAINUA	Miscellaneous	Talk to your doctor about other options
	XULTOPHY	Diabetes	SOLQUA
	ZILBRYSQ	Miscellaneous	SOLIRIS
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB M CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	IWILFIN	Cancer	JANUVIA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	RIVFLOZA	Miscellaneous	OXLUMO
	TRUQAP	Cancer	PIQRAY
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about your options.
May 1st	VOQUEZNA	Gastrointestinal/ Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin

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



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

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
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	LIKMEZ	Infections	metronidazole tablets
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC(by Sandoz), ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF, STELARA
March 15th	APHEXDA	Cancer	plerixafor
	JESDUVROQ	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	OJJAARA	Cancer	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	POMBILITI	Miscellaneous	Talk with your doctor about your options.
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, Klor-Con tablet/packet, Klor-Con M
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	ELFABRIO	Miscellaneous	Talk with your doctor about your options.
	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/ Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	AKEEGA	Cancer	LYNPARZA
	FORTEO	Osteoporosis Products	teriparatide
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, ADALIMUMAB-ADB M CF
	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
	VANFLYTA	Cancer	Talk with your doctor about your options.
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	AMJEVITA <sup>3,8</sup>	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC
	ARGATROBAN 250 MG/2.5 ML VIAL <sup>3</sup>	Blood Thinners/Anti-Clotting	Talk with your doctor about your options.
	BORTEZOMIB 3.5 MG IV VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	cisplatin 50mg vial <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 1 GM/5 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 2 GM/10 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	CYCLOPHOSPHAMIDE 500 MG/2.5 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GANCICLOVIR 500 MG/250 ML BAG <sup>3</sup>	Infections	Talk with your doctor about your options.
	GEL-ONE 30 MG/3 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	GEMCITABINE HCL 1 GRAM/10 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE HCL 1.5 GRAM/15 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE HCL 2 GRAM/20 ML <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GEMCITABINE HCL 200 MG/2 ML VIAL <sup>3</sup>	Cancer	Talk with your doctor about your options.
	GENVISC 850 25 MG/2.5 ML SYRINGE <sup>3</sup>	Cancer	DUROLANE, EUFLEXXA, GELSYN-3
	HUMATROPE <sup>3,7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LEDIPASVIR/SOFOSBUVI <sup>3,8</sup> (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	MAVYRET <sup>3,8</sup>	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN <sup>3,8</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	PARICALCITOL 10 MCG/2 ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PARICALCITOL 2 MCG/ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PARICALCITOL 5 MCG/ML VIAL <sup>3</sup>	Hormonal Agents	Talk with your doctor about your options.
	PROVISC 10 MG/ML DISP SYRINGE <sup>3</sup>	Eye Conditions	DUROLANE, EUFLEXXA, GELSYN-3
	SOFOSBUVIR/VELPATASVIR <sup>3,8</sup> (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SUPARTZ FX 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	SYNAREL NASAL SPRAY <sup>3,8</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENIPOSIDE 50 MG/5 ML AMPUL <sup>3</sup>	Cancer	Talk with your doctor about your options.

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	TRIVISC 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VISCO-3 25 MG/2.5 ML SYRINGE <sup>3</sup>	Pain Relief and Inflammatory Disease	DUROLANE, EUFLEXXA, GELSYN-3
	VICTOZA <sup>9</sup>	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	ZIEXTENZO <sup>3</sup>	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> <li>This will be a non-preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a non-preferred medication under the <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA</li> </ul>
	ZOLEDRONIC ACID 4 MG/100 ML <sup>3</sup>	Osteoporosis Products	Talk with your doctor about your options.

## Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	VAFSEO	Miscellaneous
November 15th	ACTHAR SELFJECT	Hormonal Agents
	EBGLYSS	Skin Conditions
	OHTUVAYRE	Asthma/COPD/Respiratory
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease
	PIASKY	Blood Modifiers/Bleeding Disorders
	SOFDRA	Skin Conditions
	VIGAFYDE	Seizure Disorders
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays
	DUVYZAT	Miscellaneous
	ESTRATEST F.S.	Hormonal Agents
	FOCINVEZ	Gastrointestinal/Heartburn
	MYHIBBIN	Transplant Medications
	RETEVMO TABLET	Cancer
	RYTELO	Cancer
October 15th	LIRAGLUTIDE	Diabetes
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
October 15th	DOCIVYX	Cancer
	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE IV	Pain Relief and Inflammatory Disease
	TYENNE SC	Pain Relief and Inflammatory Disease
	TOFIDENCE IV	Pain Relief and Inflammatory Disease
September 15th	LIBERVANT	Seizure Disorders
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
September 1st	EOHILIA	Hormonal Agents
	KISUNLA	Alzheimer's Disease
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder
	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 15th	AGAMREE	Hormonal Agents
	FILSUVEZ 10% GEL	Skin Conditions
	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory
July 1st	AVODART	Urinary Tract Conditions
	BUPHENYL POWDER	Gastrointestinal/Heartburn
	BUPHENYL TABLET	Gastrointestinal/Heartburn
	CANASA	Gastrointestinal/Heartburn
	CIPRODEX	Ear Medications
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions
	DYRENIUM	Diuretics
	FIRVANQ	Infections
	JALYN	Urinary Tract Conditions
	MESTINON (SOLUTION)	Alzheimer's Disease
	MESTINON (TABLET and TIMESPAN)	Alzheimer's Disease
	PREZISTA 600 MG & 800 MG	AIDS/HIV
	PROCARDIA XL	Blood Pressure/Heart Medications
	PROMETRIUM	Hormonal Agents
	RISPERDAL <sup>15</sup>	Schizophrenia/Anti-Psychotics
	RISPERDAL CONSTA <sup>14</sup>	Schizophrenia/Anti-Psychotics

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
July 1st	TARGRETIN GEL	Skin Conditions
	TEKTURNA	Blood Pressure/Heart Medications
	WAINUA	Miscellaneous
	XULTOPHY	Diabetes
	ZILBRYSQ	Miscellaneous
June 15th	VEVYE	Eye Conditions
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-ADB (QUALLANT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLANT)	Pain Relief and Inflammatory Disease
	AUGTYRO	Cancer
	IWILFIN	Cancer
	OGSIVEO	Cancer
	RIVFLOZA	Miscellaneous
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	CABTREO	Skin Conditions
	FRUZAQLA	Cancer
	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	XPHOZAH	Nutritional/Dietary
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH IV	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	APHEXDA	Cancer
	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
	NGENLA	Hormonal Agents
	OJJAARA	Cancer

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

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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
March 15th	OPFOLDA	Miscellaneous
	POMBILITI	Miscellaneous
	POKONZA	Nutritional/Dietary
	ELFABRIO	Miscellaneous
March 1st	LODOCO	Blood Pressure/Heart Medications
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
	SOHONOS	Miscellaneous
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	BRENZAVVY	Diabetes
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMYVY	Eye Conditions
January 1st	ACULAR 0.5%	Eye Conditions
	ACULAR LS 0.4%	Eye Conditions
	ALDACTONE	Diuretics
	ALOCRIL 2%	Eye Conditions
	ALOMIDE 0.1% <sup>II</sup>	Eye Conditions
	ANALPRAM HC 2.5%-1%	Skin Conditions
	AVAR-E <sup>II</sup>	Skin Conditions
	AVAR-E GREEN <sup>II</sup>	Skin Conditions
	AZOPT 1% DROPS	Eye Conditions
	AZULFIDINE	Gastrointestinal/Heartburn
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions
	BEPREVE 1.5%	Eye Conditions
	BETAPACE AF	Blood Pressure/Heart Medications
	BETIMOL 0.25% DROPS <sup>II</sup>	Eye Conditions
	BETIMOL 0.5% DROPS <sup>II</sup>	Eye Conditions
	BEVESPI AEROSPHERE <sup>II</sup>	Asthma/COPD/Respiratory
	BROMFED DM	Cold and Cough Medications
	CARNITOR	Nutritional/Dietary

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
January 1st	CARNITOR SF	Nutritional/Dietary
	CAROSPIR SUSPENSION <sup>5</sup>	Diuretics
	CELEXA <sup>8</sup>	Anxiety/Depression/Bipolar Disorder
	CILOXAN 0.3% DROPS	Eye Conditions
	CILOXAN 0.3% OINTMENT <sup>II</sup>	Eye Conditions
	CLEOCIN (CREAM AND OVULES)	Infections
	CLOZARIL <sup>8</sup>	Schizophrenia/Anti-Psychotics
	CORGARD <sup>8</sup>	Blood Pressure/Heart Medications
	COSOPT DROPS	Eye Conditions
	COSOPT PF DROPS	Eye Conditions
	DELESTROGEN	Hormonal Agents
	DESVENLAFAXINE ER <sup>5</sup>	Anxiety/Depression/Bipolar Disorder
	DUREZOL 0.05% DROPS	Eye Conditions
	DUTOPROL <sup>8</sup>	Blood Pressure/Heart Medications
	EFFEXOR XR <sup>8</sup>	Anxiety/Depression/Bipolar Disorder
	ESGIC	Pain Relief and Inflammatory Disease
	EXFORGE	Blood Pressure/Heart Medications
	EXFORGE HCT	Blood Pressure/Heart Medications
	FIORCET	Pain Relief and Inflammatory Disease
	FLOVENT DISKUS <sup>II</sup>	Asthma/COPD/Respiratory
	FLOVENT HFA <sup>II</sup>	Asthma/COPD/Respiratory
	FLUTICASONE-SALMETEROL <sup>II</sup> (Authorized Generic for AIRDUO RESPICLICK)	Asthma/COPD/Respiratory
	FML FORTE 0.25% EYE DROPS <sup>II</sup>	Eye Conditions
	FML LIQUIFILM 0.1% DROPS	Eye Conditions
	HEMANGEOL SOLUTION	Blood Pressure/Heart Medications
	HUMALOG (U-100 VIAL) <sup>II</sup>	Diabetes
	INDERAL LA <sup>8</sup>	Blood Pressure/Heart Medications
	INDERAL XL <sup>8</sup>	Blood Pressure/Heart Medications
	INTUNIV	Attention Deficit Hyperactivity Disorder
	IOPIDINE 1% DROPS <sup>II</sup>	Eye Conditions
	ISTALOL 0.5% DROPS	Eye Conditions

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

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



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

Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

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

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

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
December 1st	VAFSEO	Miscellaneous
November 15th	OHTUVAYRE	Asthma/COPD/Respiratory
November 1st	RETEVMO TABLET	Cancer
October 15th	LIRAGLUTIDE	Diabetes
	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	LIBERVANT	Seizure Disorders
	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
September 1st	EOHILIA	Hormonal Agents
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder
	OPSYNVI	Asthma/COPD/Respiratory
July 15th	AGAMREE	Hormonal Agents
	REZDIFFRA	Gastrointestinal/Heartburn
July 1st	WAINUA	Miscellaneous
	ZILBRYSQ	Miscellaneous
June 15th	VEVYE	Eye Conditions
June 1st	ADALIMUMAB-ADBIM (QUALLENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALLENT)	Pain Relief and Inflammatory Disease
	AUGTYRO	Cancer
	IWILFIN	Cancer
	OGSIVEO	Cancer
	RIVFLOZA	Miscellaneous
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	FRUZAQLA	Cancer
	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
	ZITUVIO	Diabetes
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
	VELSIPITY	Pain Relief and Inflammatory Disease

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

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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	JESDUVROQ	Miscellaneous
	MOTPOLY XR	Seizure Disorders
	NGENLA	Hormonal Agents
	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AIRSUPRA	Asthma/COPD/Respiratory
	AKEEGA	Cancer
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	BRENZAVVY	Diabetes
	IYUZEH	Eye Conditions
	VANFLYTA	Cancer
	XDEMYY	Eye Conditions
January 15th	PAXLOVID	Infections
	VEOZAH	Miscellaneous
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

### Medications that are part of Step Therapy<sup>4,6</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
March 15th	ABSORICA	Skin Conditions
	TACLONEX SUSPENSION	Skin Conditions
January 1st	SEREVENT DISKUS	Asthma/COPD/Respiratory
	SYMBICORT	Cancer

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

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

### Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

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

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

### Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## Cigna Healthcare Total Savings Prescription Drug List

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
November 15th	EBGLYSS	Skin Conditions	This medication will be a preferred brand (Tier 2).
October 15th	VOYDEYA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
October 3rd	ENTRESTO SPRINKLE	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
October 1st	TYENNE SC	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
September 15th	AIRSUPRA	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	REXTOVY	Substance Abuse	This medication will be a preferred brand (Tier 2).
September 1st	MOVANTIK	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ODOMZO	Cancer	This medication will be a preferred brand (Tier 2).
	STIVARGA	Cancer	This medication will be a preferred brand (Tier 2).
	SYMPROIC	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	ZEPOSIA	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
August 15th	OPSYNVI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
August 1st	SAXENDA	Weight Management	This medication will be a preferred brand (Tier 2).
July 15th	TYVASO DPI	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
July 1st	DOPTELET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	MEKINIST	Cancer	This medication will be a preferred brand (Tier 2).
	PHEBURANE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
	PIQRAY	Cancer	This medication will be a preferred brand (Tier 2).
	PROMACTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	SCEMBLIX	Cancer	This medication will be a preferred brand (Tier 2).
	TAFINLAR	Cancer	This medication will be a preferred brand (Tier 2).
	TASIGNA	Cancer	This medication will be a preferred brand (Tier 2).

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

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

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
July 1st	TAVALISSE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TYRVAYA	Eye Conditions	This medication will be a preferred brand (Tier 2).
June 1st	ADALIMUMAB-ADBIM (QUALLANT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	ADALIMUMAB-RYVK (QUALLANT)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	MIEBO	Eye Conditions	This medication will be a preferred brand (Tier 2).
	MULTAQ	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	SIMLANDI	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
	SOTYKTU	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).
May 1st	LEUKINE	Blood Modifiers/ Bleeding Disorders	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	NIVESTYM	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	ZARXIO	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
April 19th	HUMALOG 100 UNIT/ML VIAL	Diabetes	This medication will be a preferred brand (Tier 2).
April 15th	OMVOH PEN	Pain Relief and Inflammatory Disease	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
April 1st	CEQUR SIMPLICITY PATCH	Diabetes	This medication will be a preferred brand (Tier 2).
	FABHALTA	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand (Tier 2).
	TRINTELLIX	Anxiety/Depression/ Bipolar Disorder	This medication will be a preferred brand (Tier 2).
February 15th	ZEPBOUND	Weight Management	This medication will be a preferred brand (Tier 2).
February 9th	COTELLIC	Cancer	This medication will be a preferred brand (Tier 2).
	ZELBORAF	Cancer	This medication will be a preferred brand (Tier 2).
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease	This medication will be a preferred brand (Tier 2).

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
February 1st	XDEMVY	Eye Conditions	This medication will be a preferred brand (Tier 2).
January 15th	PAXLOVID	Infections	This medication will be a preferred brand (Tier 2).
January 8th	SUFLAVE	Gastrointestinal/ Heartburn	This medication will be a preferred brand (Tier 2).
January 3rd	LENVIMA	Cancer	This medication will be a preferred brand (Tier 2).
January 1st	ALVESCO	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX HFA/TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	ASMANEX TWISTHALER	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	AZASITE 1% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BESIVANCE 0.6% SUSPENSION	Eye Conditions	This medication will be a preferred brand (Tier 2).
	BROMSITE 0.075%	Eye Conditions	This medication will be a preferred brand (Tier 2).
	OMNITROPE	Hormonal Agents	This medication will be a preferred brand (Tier 2).
	NORLIQVA ORAL SOLUTION	Blood Pressure/Heart Medications	This medication will be a preferred brand (Tier 2).
	SKYTROFA	Hormonal Agents	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>
	STRIVERDI RESPIMAT	Asthma/COPD/ Respiratory	This medication will be a preferred brand (Tier 2).
	TOBRADEX ST 0.3-0.05% DROPS	Eye Conditions	This medication will be a preferred brand (Tier 2).
	VERQUVO	Blood Pressure/Heart Medications	This will be a preferred brand under the Cigna Healthcare <b>pharmacy</b> benefit and a preferred medication under the <b>medical</b> benefit. <sup>2</sup>

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 1st	RETEVMO TABLET	Cancer	Talk to your doctor about other options
October 1st	OJEMDA	Cancer	Talk with your doctor about your options.
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease	acitretin, cyclosporine, methotrexate, infliximab
	XOLREMDI	Cancer	Talk with your doctor about your options.
September 1st	ORENCIA CLICKJECT	Pain Relief and Inflammatory Disease	CYLTEZO (CF), ENBREL, HUMIRA, HYRIMOZ (CF), RINVOQ, TALTZ, XELJANZ
	ORENCIA SYRINGE	Pain Relief and Inflammatory Disease	CYLTEZO (CF), ENBREL, HUMIRA, HYRIMOZ (CF), RINVOQ, TALTZ, XELJANZ
August 15th	WINREVAIR	Asthma/COPD/Respiratory	ambisentan, bosentan, sildenafil, tadalafil, OPSUMIT, UPTRAVI, ADEMPAS
July 15th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
	REZDIFFRA	Gastrointestinal/Heartburn	Talk with your doctor about your options.
July 1st	CEQUR SIMPLICITY INSERTER	Diabetes	Talk with your doctor about your options.
June 1st	IWILFIN	Cancer	TRADJENTA, saxagliptin
	OGSIVEO	Cancer	Talk with your doctor about your options.
	TRUQAP	Cancer	PIQRAY
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder	Talk with your doctor about your options.
May 1st	GRANIX	Blood Modifiers/Bleeding Disorders	NIVESTYM, ZARXIO
	NEUPOGEN	Blood Modifiers/Bleeding Disorders	NIVESTYM, ZARXIO
	RELEUKO	Blood Modifiers/Bleeding Disorders	NIVESTYM, ZARXIO
	VOQUEZNA	Gastrointestinal/Heartburn	omeprazole, pantoprazole, rabeprazole, lansoprazole, dexlansoprazole, esomeprazole
April 15th	ENTYVIO SQ	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ, HADLIMA, ADALIMUMAB-ADAZ HC, STELARA
	LIKMEZ	Infections	metronidazole tablets
March 15th	ABSORICA	Skin Conditions	CLARAVIS, isotretinoin, MYORISAN, ZENATANE
	ACZONE 7.5% GEL PUMP	Skin Conditions	use generic products (ex. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	OJJAARA	Cancer	Talk with your doctor about your options.
	OPFOLDA	Miscellaneous	Talk with your doctor about your options.
	TACLONEX SUSPENSION	Skin Conditions	calcipotriene cream, ointment, solution, calcipotriene-betamethasone ointment, tazarotene cream, topical betamethasone

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



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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
March 1st	BIMZELX	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
February 15th	AKEEGA	Cancer	LYNPARZA
	SOHONOS	Miscellaneous	Talk with your doctor about your options.
February 1st	VANFLYTA	Cancer	Talk with your doctor about your options.
January 1st	CHORIONIC GONADOTROPIN 10,000 <sup>3</sup>	Infertility	<ul style="list-style-type: none"> <li>This will be a non-preferred medication under the Cigna Healthcare <b>medical</b> benefit.<sup>2</sup></li> <li>Consider these preferred options: OVIDREL, NOVAREL, PREGNYL</li> </ul>
	IBRANCE <sup>3</sup>	Cancer	KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	LITFULO	Skin Conditions	Talk with your doctor about your options.
	TOBRAMYCIN PAK 300 mg/5 ml <sup>3</sup>	Infections	tobramycin inhalation ampules

## Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	TAVNEOS	Blood Modifiers/Bleeding Disorders
November 15th	EBGLYSS	Skin Conditions
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
September 1st	ORENCIA CLICKJECT	Pain Relief and Inflammatory Disease
	ORENCIA SYRINGE	Pain Relief and Inflammatory Disease
	POMALYST	Cancer
	ZEPOSIA	Pain Relief and Inflammatory Disease
August 15th	OPSYNVI	Asthma/COPD/Respiratory
	WINREVAIR	Asthma/COPD/Respiratory
July 15th	FILSUEVZ 10% GEL	Skin Conditions
	REZDIFFRA	Gastrointestinal/Heartburn
	TYVASO DPI	Asthma/COPD/Respiratory

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

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

### Medications that will need approval before they can be covered<sup>4</sup> (cont.)

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

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

### Medications that will have a quantity limit<sup>4</sup>

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1st	RETEVMO TABLET	Cancer
October 15th	VOYDEYA	Blood Modifiers/Bleeding Disorders

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

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

Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
October 1st	OJEMDA	Cancer
	TYENNE SC	Pain Relief and Inflammatory Disease
September 15th	REXTOVY	Substance Abuse
	SPEVIGO	Pain Relief and Inflammatory Disease
	XOLREMDI	Cancer
August 15th	OPSYNVI	Asthma/COPD/Respiratory
July 15th	REZDIFFRA	Gastrointestinal/Heartburn
June 1st	ADALIMUMAB-ADBIM (QUALENT)	Pain Relief and Inflammatory Disease
	ADALIMUMAB-RYVK (QUALENT)	Pain Relief and Inflammatory Disease
	IWILFIN	Cancer
	OGSIVIO	Cancer
	SIMLANDI	Pain Relief and Inflammatory Disease
	TRUQAP	Cancer
May 15th	ZURZUVAE 20 MG, 25 MG, 30 MG	Anxiety/Depression/Bipolar Disorder
May 1st	VOQUEZNA	Gastrointestinal/Heartburn
April 15th	ENTYVIO SQ	Pain Relief and Inflammatory Disease
	OMVOH PEN	Pain Relief and Inflammatory Disease
April 1st	FABHALTA	Blood Modifiers/Bleeding Disorders
March 15th	OJJAARA	Cancer
	OPFOLDA	Miscellaneous
February 15th	AKEEGA	Cancer
February 1st	ADALIMUMAB-ADBIM (CF)	Pain Relief and Inflammatory Disease
	VANFLYTA	Cancer
	XDEMYE	Eye Conditions
January 15th	PAXLOVID	Infections
January 1st	KISQALI	Cancer
	KISQALI FEMARA CO-PACK	Cancer
	LITFULO	Skin Conditions
	VERZENIO	Cancer

## 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>6,16</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 1st	VAFSEO	Miscellaneous	EPOGEN, PROCIT, ARANESP, RETACRIT
November 15th	ACTHAR SELFJECT	Hormonal Agents	Talk to your doctor about other options
	OHTUVAYRE	Asthma/COPD/Respiratory	ANORA ELLIPTA, STIOLTO
	OXYCODONE HCL (AG to ROXYBOND)	Pain Relief and Inflammatory Disease	ROXYBOND
	SOFDRA	Skin Conditions	DRYSOL
	VIGAFYDE	Seizure Disorders	Talk to your doctor about other options
November 1st	CARBINOXAMINE ER SUSPENSION	Allergy/Nasal Sprays	carbinoxamine 4 mg tab, carbinoxamine liquid
	DUVYZAT	Miscellaneous	Talk to your doctor about other options
	ESTRATEST F.S.	Hormonal Agents	estrogen-methyltestosterone fs tablet, eemt ds 1.25 mg, 2.5 mg tablet, covaryx tablet
	MYHIBBIN	Transplant Medications	mycophenolate capsule, suspension, tablet
October 15th	LIRAGLUTIDE	Diabetes	Talk to your doctor about other options
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron 4 mg, 8 mg
September 15th	LIBERVANT	Seizure Disorders	diazepam rectal gel, NAYZILAM
September 1st	EOHILIA	Hormonal Agents	budesonide
August 15th	METADATE CD	Attention Deficit Hyperactivity Disorder	methylphenidate er, methylphenidate cd, methylphenidate la, dexamethylphenidate er, dextroamphetamine er, lisdexamfetamine
July 15th	AGAMREE	Hormonal Agents	deflazacort, EMFLAZA TABLETS, EMFLAZA SOLUTION, prednisone tablets, prednisolone solution
	ALVAIZ	Blood Modifiers/Bleeding Disorders	Talk to your doctor about other options
July 1st	ALUNBRIG <sup>14</sup>	Cancer	ALECENSA
	AVODART	Urinary Tract Conditions	dutasteride-tamsulosin
	BANZEL <sup>15</sup>	Seizure Disorders	rufinamide tablet
	BUPHENYL POWDER	Gastrointestinal/Heartburn	sodium phenylbutyrate
	BUPHENYL TABLET	Gastrointestinal/Heartburn	sodium phenylbutyrate
	CANASA	Gastrointestinal/Heartburn	mesalamine enema, suppository
	CIPRODEX	Ear Medications	ciprofloxacin-dexamethasone
	clindamycin-benzoyl peroxide 1.2-3.75%	Skin Conditions	clindamycin-benzoyl peroxide 1.2%-2.5%, 1%-5%

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

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

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	ZILBRYSQ	Miscellaneous	SOLIRIS
	ZYKADIA <sup>14</sup>	Cancer	ALECENSA
June 15th	VEVYE	Eye Conditions	cyclosporine 0.05% emulsion, XIIDRA, CEQUA
June 1st	ADALIMUMAB-AATY (CELLTRION)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB M CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	AUGTYRO	Cancer	ROZYL TREK, XALKORI, ZYKADIA
	HADLIMA (ORGANON)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, ADALIMUMAB-ADB M CF, ADALIMUMAB-RYVK CF, CYLTEZO, HUMIRA (by AbbVie), HYRIMOZ HC (by Sandoz), SIMLANDI
	RIVFLOZA	Miscellaneous	OXLUMO
May 15th	CABTREO	Skin Conditions	clindamycin, adapalene, tretinoin, benzoyl peroxide
	FRUZAQLA	Cancer	LONSURF
May 1st	XPHOZAH	Nutritional/Dietary	calcium acetate caps, lanthanum carb chew tabs, sevelamer tabs/powder packs, VELPHORO
	ZITUVIO	Diabetes	JANUVIA, alogliptin, saxagliptin
April 15th	ADALIMUMAB-AACF (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF, STELARA
	VELSIPITY	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC (by Sandoz), ADALIMUMAB-ADAZ HC, HADLIMA, ADALIMUMAB-ADB M CF, STELARA
March 15th	JESDUVROQ	Miscellaneous	EPOGEN, PROCRIT, ARANESP, RETACRIT
	MOTPOLY XR	Seizure Disorders	lacosamide tablets, solution
	POKONZA	Nutritional/Dietary	potassium chloride tablets/capsules/ packets/solution, KLOR-CON tablet/packet, KLOR-CON M
March 1st	LODOCO	Blood Pressure/Heart Medications	colchicine 0.6mg, MITIGARE
February 15th	AIRSUPRA	Asthma/COPD/Respiratory	albuterol hfa, budesonide-formoterol, DULERA
	FORTEO	Osteoporosis Products	teriparatide
February 1st	ABRILADA (CF)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOZ HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC, ADALIMUMAB-ADB M CF

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
February 1st	BRENZAVVY	Diabetes	FARXIGA, JARDIANCE
	IYUZEH	Eye Conditions	latanprost 0.005%
January 15th	VEOZAH	Miscellaneous	estradiol tablet, estradiol gel, estradiol patch, paroxetine, PREMARIN, ESTROGEL
January 1st	ACULAR 0.5%	Eye Conditions	ketorolac eye drops
	ACULAR LS 0.4%	Eye Conditions	ketorolac eye drops
	ADCIRCA <sup>7</sup>	Asthma/COPD/Respiratory	tadalafil 20 mg tablet, alyq
	ALDACTONE	Diuretics	spironolactone
	AMJEVITA <sup>7</sup> (Biosimilar to HUMIRA)	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC  **This medication was taken off the drug list on 9/1/23**
	ANALPRAM HC 2.5%-1%	Skin Conditions	hydrocortisone pramoxine 2.5%-1%
	AVAR-E	Skin Conditions	sodium sulfacetamide-sulfur
	AVAR-E GREEN	Skin Conditions	sodium sulfacetamide-sulfur
	AZOPT 1% DROPS	Eye Conditions	brinzolamide drops
	AZULFIDINE	Gastrointestinal/Heartburn	sulfasalazine, sulfasalazine dr
	BACIGUENT 500 UNIT/GM OINTMENT	Eye Conditions	bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment
	BETAPACE AF	Blood Pressure/Heart Medications	sotalol af
	BETIMOL 0.25% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BETIMOL 0.5% DROPS	Eye Conditions	timolol gel solution, timolol maleate eye drops
	BROMFED DM	Cold and Cough Medications	brompheniramine-pseudoephedrine-dextromethorphan
	CARNITOR	Nutritional/Dietary	levocarnitine
	CARNITOR SF	Nutritional/Dietary	levocarnitine SF
	CELEXA <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	citalopram
	CILOXAN 0.3% OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	CILOXAN 0.3% DROPS	Eye Conditions	ciprofloxacin drops
	CLEOCIN (CREAM AND OVULES)	Infections	clindamycin 2% vaginal cream
	CLINDESSE	Infections	clindamycin 2% vaginal cream

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

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

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

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

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



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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	IOPIDINE 1% DROPS	Eye Conditions	apraclonidine drops, brimonidine drops
	ISTALOL 0.5% DROPS	Eye Conditions	timolol maleate drops
	KAPSPARGO SPRINKLE <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol
	KAPVAY	Attention Deficit Hyperactivity Disorder	clonidine er
	KARBINAL ER	Allergy/Nasal Sprays	hydroxyzine, cyproheptadine
	KATERZIA ORAL SUSPENSION	Blood Pressure/Heart Medications	NORLIQVA, amlodipine
	KEVEYIS <sup>7</sup>	Miscellaneous	dichlorphenamide
	LASIX	Diuretics	furosemide
	LEDIPASVIR/SOFOSBUVI <sup>8</sup> (Authorized Generic for HARVONI)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	LESCOL XL <sup>7</sup>	Cholesterol Medications	fluvastatin er
	LEVEMIR VIAL, FLEXPEN, FLEXTOUCH	Diabetes	BASAGLAR, REZVOGLAR, TRESIBA
	LITHOBID <sup>8</sup>	Anxiety/Depression/Bipolar Disorder	lithium carbonate, lithium carbonate er
	LOPRESSOR <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol
	LOTEMAX 0.5% DROPS	Eye Conditions	loteprednol etabonate drops
	LOTEMAX 0.5% GEL	Eye Conditions	loteprednol ophthalmic gel
	LUNESTA <sup>7</sup>	Sleep Disorders/Sedatives	eszopiclone
	MAVYRET <sup>8</sup>	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	MAXIDEX 0.1% EYE DROPS	Eye Conditions	dexamethasone drops
	MAXITROL EYE DROPS	Eye Conditions	neomycin-polymyxin-dexamethasone drops
	MAXITROL EYE OINTMENT	Eye Conditions	neomycin-polymyxin-dexamethasone eye ointment
	METROGEL	Infections	metronidazole 0.75% vaginal gel
	NARDIL	Anxiety/Depression/Bipolar Disorder	phenelzine
	NEORAL	Transplant Medications	cyclosporine modified, gengraf
	NEVANAC 0.1%	Eye Conditions	bromfenac, diclofenac, ketorolac, prednisolone
	NGENLA	Hormonal Agents	SKYTROFA
	NORDITROPIN <sup>8</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	NORPRAMIN	Anxiety/Depression/Bipolar Disorder	desipramine

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	NOXAFIL SUSPENSION	Infections	posaconazole
	NUVESSA	Infections	metronidazole 0.75% vaginal gel
	OCUFLOX 0.3% DROPS	Eye Conditions	ofloxacin eye drops
	PAXIL <sup>7</sup>	Anxiety/Depression/ Bipolar Disorder	paroxetine
	pen needles (not made by Becton Dickinson)	Diabetes Supplies	BD PEN NEEDLES
	POLYTRIM DROPS	Eye Conditions	polymyxin-b-tmp eye drops
	PRADAXA IOMG CAPSULES <sup>8</sup>	Pain Relief and Inflammatory Disease	dabigatran etexilate mesylate, ELIQUIS, XARELTO
	PRAVACHOL <sup>7</sup>	Cholesterol Medications	pravastatin
	PRED FORTE 1% DROPS	Eye Conditions	prednisolone drops
	PRED-G 1% EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	PRED MILD 0.12% EYE DROPS	Eye Conditions	prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate
	PROZAC <sup>7</sup>	Anxiety/Depression/ Bipolar Disorder	fluoxetine
	QBRELIS	Blood Pressure/Heart Medications	enalapril solution, lisinopril
	REMERON	Anxiety/Depression/ Bipolar Disorder	mirtazapine
	RENVELA	Nutritional/Dietary	sevelamer carbonate
	REVATIO (ORAL SUSPENSION AND TABLET) <sup>7</sup>	Asthma/COPD/Respiratory	sildenafil tablet or oral suspension
	ROZEREM <sup>7</sup>	Sleep Disorders/Sedatives	ramelteon
	SAMSCA	Diuretics	tolvaptan
	SANDIMMUNE (AMPULE AND CAPSULES)	Transplant Medications	cyclosporine
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SILENOR <sup>7</sup>	Sleep Disorders/Sedatives	doxepin
	SOFOSBUVIR/VELPATASVIR <sup>8</sup> (Authorized Generic for EPCLUSA)	Infections	EPCLUSA, HARVONI, SOVALDI, VOSEVI
	SOGROYA	Hormonal Agents	SKYTROFA
	SOLOSEC	Infections	metronidazole, clindamycin, tinidazole
	SYMBICORT	Asthma/COPD/Respiratory	BUDESONIDE-FORMOTEROL
	SYMBYAX	Schizophrenia/Anti- Psychotics	olanzapine/fluoxetine
	SYNERA	Hormonal Agents	lidocaine-prilocaine, lidocaine patch

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	SYNAREL NASAL SPRAY <sup>6</sup>	Hormonal Agents	FENSOLVI, TRIPTODUR, LUPRON DEPOT PED
	TENORETIC <sup>7</sup>	Blood Pressure/Heart Medications	atenolol-chlorthalidone
	TENORMIN <sup>7</sup>	Blood Pressure/Heart Medications	atenolol
	TERIPARATIDE <sup>7</sup>	Osteoporosis Products	FORTEO, TYMLOS
	TIMOPTIC 0.25% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.25% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC 0.5% OCUDOSE DROPS	Eye Conditions	timolol maleate drops
	TIMOPTIC-XE 0.25% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TIMOPTIC-XE 0.5% GEL-SOLUTION	Eye Conditions	timolol gel solution
	TOBRADEX EYE DROPS	Eye Conditions	tobramycin-dexamethasone drops
	TOBREX 0.3% DROPS	Eye Conditions	tobramycin drops
	TOBREX 0.3% EYE OINTMENT	Eye Conditions	erythromycin, gentak, gentamycin eye ointments
	TOPROL XL <sup>7</sup>	Blood Pressure/Heart Medications	metoprolol succinate
	TRUSOPT 2% DROPS	Eye Conditions	dorzolamide drops
	VICTOZA <sup>9</sup>	Diabetes	OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA
	VIGAMOX 0.5% DROPS	Eye Conditions	moxifloxacin drops
	WELCHOL	Cholesterol Medications	colesevelam
	WELLBUTRIN SR <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	bupropion sr
	ZIAC <sup>7</sup>	Blood Pressure/Heart Medications	bisoprolol-hctz
	ZOCOR <sup>7</sup>	Cholesterol Medications	simvastatin
	ZOLOFT <sup>7</sup>	Anxiety/Depression/Bipolar Disorder	paroxetine er
	ZYMAXID 0.5% DROPS	Eye Conditions	gatifloxacin drops

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

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

Medications that will no longer be covered under the pharmacy benefit<sup>10</sup> (cont.)

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

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

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

## Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
July 15th	mirabegron er	Urinary Tract Conditions

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



## Cigna Healthcare National Preferred Prescription Drug List

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
December 15th	IQIRVO 80 MG TABLET	Gastrointestinal/ Heartburn	This medication will be a preferred brand.
December 5th	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	Diabetes	This medication will be a preferred brand.
December 2nd	EBGLYSS 250 MG/2 ML SYRINGE	Skin Conditions	This medication will be a preferred brand.
	NEFFY 2 MG/0.1 ML NASAL SPRAY	Allergy/Nasal Sprays	This medication will be a preferred brand.
	NEMLUVIO 30 MG PEN	Skin Conditions	This medication will be a preferred brand.
December 1st	SCSEMBLIX 100 MG TABLET	Cancer	This medication will be a preferred brand.
November 14th	LUMRYZ 4.5-6-7.5 MG STARTER PK	Sleep Disorders/ Sedatives	This medication will be a preferred brand.
November 7th	AUDENZ 5 ML VIAL (STOCKPILE) AUDENZ SYRINGE (STOCKPILE)	Vaccines	This medication will be a preferred brand.
	FORMOTEROL 20MCG/2ML VL-PARILC	Asthma/COPD/ Respiratory	This medication will be a preferred brand.
	OMNIPOD 5 (G6/LIBRE 2 PLUS) OMNIPOD 5 INTRO (G6/LIBRE2PLUS)	Diabetes	This medication will be a preferred brand.
November 1st	TWIST REFILL KIT-INFUSION SET TWIST REFILL KT(CSST-NDL-SYR) TWIST STARTER KIT	Diabetes	This medication will be a preferred brand.
October 31st	EBGLYSS 250 MG/2 ML PEN	Skin Conditions	This medication will be a preferred brand.
October 24th	TREMFYA 200 MG/2 ML PEN, SYRINGE	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
	TREMFYA 200 MG/20 ML VIAL	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
August 29th	FREESTYLE LIBRE 3 SENSOR PLUS	Diabetes	This medication will be a preferred brand.
August 23rd	ADALIMUMAB-RYVK(CF) 40 MG SYRINGE	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
August 8th	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions	This medication will be a preferred brand.
	CAPVAXIVE 0.5 ML SYRINGE	Vaccines	This medication will be a preferred brand.
	MRESVIA 50 MCG/0.5 ML SYRINGE	Vaccines	This medication will be a preferred brand.
August 1st	VALTOCO 5 MG, 10 MG, 15 MG, 20 MG NASAL SPRAY	Seizure Disorders	This medication will be a preferred brand.
July 25th	RINVOQ LQ 1 MG/ML SOLUTION	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
	TYENNE 162 MG/0.9 ML SYRINGE, AUTO- INJECTOR	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
July 18th	VIJOICE 50 MG GRANULE PACKET	Asthma/COPD/ Respiratory	This medication will be a preferred brand.
	VOYDEYA 100 MG TABLET, 150 MG DOSE TABLET	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand.

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
June 27th	AZSTARYS 26.1 MG-5.2 MG, 39.2 MG-7.8 MG, 52.3 MG-10.4 MG CAP	Attention Deficit Hyperactivity Disorder	This medication will be a preferred brand.
	OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE), 25 MG/ML ORAL SUSP	Cancer	This medication will be a preferred brand.
	OMVOH 100 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
	OPSYNVI 10-20 MG, 10-40 MG TABLET	Asthma/COPD/Respiratory	This medication will be a preferred brand.
	REXTOVY 4 MG NASAL SPRAY	Substance Abuse	This medication will be a preferred brand.
	WINREVAIR 45 MG, 60 MG ONE-VIAL KIT, 45 MG, 60 MG TWO-VIAL KIT	Asthma/COPD/Respiratory	This medication will be a preferred brand.
June 13th	EYSUVIS 0.25% EYE DROPS	Eye Conditions	This medication will be a preferred brand.
	MULTAQ 400 MG TABLET	Blood Pressure/ Heart Medications	This medication will be a preferred brand.
	REZDIFFRA 60 MG, 80 MG, 100 MG TABLET	Gastrointestinal/ Heartburn	This medication will be a preferred brand.
May 30th	OMNIPOD 5 G6-G7 INTRO	Diabetes	This medication will be a preferred brand.
	OMNIPOD CLASSIC PDM KIT	Diabetes	This medication will be a preferred brand.
	XHANCE 93 MCG NASAL SPRAY	Allergy/Nasal Sprays	This medication will be a preferred brand.
May 23rd	SOTYKTU 6 MG TABLET	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
May 15th	ADALIMUMAB-RYVK(CF) AI 40 MG	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
	SIMLANDI(CF) AI 40 MG/0.4 ML	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
May 9th	ADALIMUMAB-ADB(MCF) PEN 40 MG, 40 MG SYRG	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
April 4th	OPILL 0.075 MG TABLET	Contraception Products	This medication will be a preferred brand.
	XOLAIR 150 MG/ML, 300 MG/2ML, 75 MG/0.5 ML AUTO-INJECTOR	Asthma/COPD/Respiratory	This medication will be a preferred brand.
March 22nd	FREESTYLE PREC NEO TEST STRIPS	Diabetes	This medication will be a preferred brand.
March 1st	MIEBO 100% EYE DROP	Eye Conditions	This medication will be a preferred brand.
February 29th	FABHALTA 200 MG CAPSULE	Blood Modifiers/ Bleeding Disorders	This medication will be a preferred brand.
February 22nd	HEPLISAV-B 20 MCG/0.5 ML SYRINGE	Vaccines	This medication will be a preferred brand.
	IWILFIN 192 MG TABLET	Cancer	This medication will be a preferred brand.
	KINRIX TIP-LOK SYRINGE	Vaccines	This medication will be a preferred brand.
	TENIVAC SYRINGE/VIAL	Vaccines	This medication will be a preferred brand.

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Additional Information
February 22nd	VAQTA 25 UNITS/0.5 ML SYRINGE/VIAL VAQTA 50 UNITS/ML SYRINGE/VIAL	Vaccines	This medication will be a preferred brand.
	VAXELIS VACCINE SYRINGE/VIAL	Vaccines	This medication will be a preferred brand.
February 8th	BOSULIF 50 MG, 100 MG CAPSULE	Cancer	This medication will be a preferred brand.
	BRUKINSA 80 MG CAPSULE	Cancer	This medication will be a preferred brand.
	EUCRISA 2% OINTMENT	Skin Conditions	This medication will be a preferred brand.
	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR	Hormonal Agents	This medication will be a preferred brand.
February 4th	MENQUADFI VIAL	Vaccines	This medication will be a preferred brand.
	PENBRAYA KIT	Vaccines	This medication will be a preferred brand.
January 26th	FREESTYLE LIBRE 3 READER	Diabetes	This medication will be a preferred brand.
	OMVOH 100 MG/ML PEN	Pain Relief and Inflammatory Disease	This medication will be a preferred brand.
	RYKINDO ER VIAL/VIAL KIT	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand.
	UZEDY ER SYRINGE	Schizophrenia/Anti-Psychotics	This medication will be a preferred brand.
	ZURZUVAE CAPSULE	Anxiety/Depression/Bipolar Disorder	This medication will be a preferred brand.
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics	Will move/moved to a lower generic tier.
January 16th	ZEPBOUND PEN	Weight Management	This medication will be a preferred brand.
January 15th	AIRSUPRA 90-80 MCG INHALER	Asthma/COPD/Respiratory	This medication will be a preferred brand.
January 12th	APRETUDE ER 600 MG/3 ML VIAL	AIDS/HIV	This medication will be a preferred brand.
	BOSULIF 50 MG, 100 MG CAPSULE	Cancer	This medication will be a preferred brand.
	ROZLYTREK 50 MG PELLETT PACKET	Cancer	This medication will be a preferred brand.
January 1st	bupropion hcl er 200 mg tablet	Anxiety/Depression/Bipolar Disorder	Will move/moved to a lower generic tier.
	dexamethasone 0.5 mg/5 ml elixir	Hormonal Agents	Will move/moved to a lower generic tier.
	diltiazem 24h er(xr) 120, 180, 240 mg cap	Blood Pressure/ Heart Medications	Will move/moved to a lower generic tier.
	glipizide xl 2.5, 5, 10 mg tablet	Diabetes	Will move/moved to a lower generic tier.
	INSULIN LISPRO (UIOO KWIKPEN, JR KWIKPEN, MIX KWIKPEN)	Diabetes	This medication will be a preferred brand.
	PREGNYL	Infertility	This medication will be a non-preferred brand.
	STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be a preferred brand.
	taztia xt 120, 180, 240, 300, 360 mg cap	Blood Pressure/ Heart Medications	Will move/moved to a lower generic tier.

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



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

### Medications that will move to a higher tier

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
November 22nd	CREXONT ER 35 MG-140 MG, 52.5 MG-210 MG, 70 MG-280 MG, 87.5 MG-350 MG CAP	Parkinson's Disease	carbidopa-levodopa er
September 27th	RETEVMO 40 MG, 80 MG, 120 MG, 160 MG TABLET	Cancer	Talk with your doctor about your options.
September 25th	YORVIPATH 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML PEN	Hormonal Agents	Talk with your doctor about your options.
September 16th	AUGTYRO 40 MG CAPSULE	Cancer	ROZLYTREK, VITRAKVI
September 5th	LAZCLUZE 80 MG, 240 MG TABLET	Cancer	Talk with your doctor about your options.
	VORANIGO 10 MG, 40 MG TABLET	Cancer	Talk with your doctor about your options.
August 30th	ESTRATEST F.S. TABLET	Hormonal Agents	estrogen, methyltestosterone
August 5th	FREESTYLE LIBRE 3 SENSOR	Diabetes	Talk with your doctor about your options.
August 1st	AUVELITY ER 45-105 MG TABLET	Anxiety/Depression/ Bipolar Disorder	bupropion, citalopram, duloxetine, paroxetine, sertraline, venlafaxine, FETZIMA
	EVAMIST 1.53 MG/SPRAY	Hormonal Agents	estradiol gel, estradiol patch
July 1st	APADAZ 4.08-325 MG, 6.12-325 MG, 8.16-325 MG TABLET	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	BENZHYDROCOD-ACETAMIN 4.08-325, 6.12-325, 8.16-325	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	CLOCORTOLONE 0.1% CREAM PUMP	Skin Conditions	Talk with your doctor about your options.
	INDOMETHACIN 20 MG CAPSULE	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	KERYDIN 5% TOPICAL SOLUTION	Skin Conditions	Talk with your doctor about your options.
	LOSEASONIQUE TABLET	Contraception Products	Talk with your doctor about your options.
	mirtazapine 15 mg, 30 mg, 45 mg odt	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about your options.
	OSMOPREP TABLET	Gastrointestinal/ Heartburn	Talk with your doctor about your options.
	PROVENTIL HFA 90 MCG INHALER	Asthma/COPD/ Respiratory	Talk with your doctor about your options.
	RANEXA ER 500 MG, 1,000 MG TABLET	Blood Pressure/ Heart Medications	Talk with your doctor about your options.
	REDITREX 7.5 MG/0.3 ML, 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	SUBSYS 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1,200 MCG, 1600 MCG SPRAY	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.

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



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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
July 1st	ZOLMITRIPTAN 2.5 MG NASAL SPRY	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	ZOLPIMIST 5 MG ORAL SPRAY	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
June 6th	INGREZZA 40 MG, 60 MG, 80 MG SPRINKLE CAP	Miscellaneous	AUSTEDO, AUSTEDO XR
May 24th	XOLREMDI 100 MG CAPSULE	Cancer	Talk with your doctor about your options.
April 19th	SPEVIGO 150 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
	SPEVIGO SYRINGE	Pain Relief and Inflammatory Disease	Talk with your doctor about your options.
April 18th	FILSUEVZ 10% GEL	Skin Conditions	Talk with your doctor about your options.
April 12th	REZDIFFRA	Gastrointestinal/Heartburn	Talk with your doctor about your options.
March 22nd	LYBALVI 5-10 MG, 10-10 MG, 15-10 MG, 20-10 MG TABLET	Schizophrenia/Anti-Psychotics	aripiprazole, asenapine, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone
	VOQUEZNA DUAL PAK VOQUEZNA TRIPLE PAK	Gastrointestinal/Heartburn	bismuth-metronidazole-tetracyc, lansoprazol-amoxicil-clarithro, TALICIA
March 1st	VEOZAH 45 MG TABLET	Miscellaneous	Talk with your doctor about your options.
February 16th	VEVYE 0.1% EYE DROP	Eye Conditions	cyclosporine eye emulsion, RESTASIS MULTIDOSE, XIIDRA
	ZORYVE 0.3% FOAM	Skin Conditions	betamethasone valerate, ciclopirox, clobetasol e, desonide, fluocinonide, ketoconazole topical, mometasone furoate
February 1st	CELONTIN 300 MG CAPSULE	Seizure Disorders	methsuximide
	DAYTRANA 10 MG/9 HR PATCH, 15 MG/9 HR PATCH, 20 MG/9 HOUR PATCH, 30 MG/9 HOUR PATCH	Attention Deficit Hyperactivity Disorder	methylphenidate
	IRESSA 250 MG TABLET	Cancer	gefitinib
	NARCAN 4 MG NASAL SPRAY	Substance Abuse	naloxone nasal spray
	SIVEXTRO 200MG VIAL	Infections	Talk with your doctor about your options.
	SYMBICORT 80-4.5 MCG INHALER, 160-4.5 MCG INHALER	Asthma/COPD/Respiratory	breyna, budesonide-formoterol
January 26th	VOQUEZNA 10 MG, 20 MG TABLET	Gastrointestinal/Heartburn	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
January 25th	OGSIVEO	Cancer	Talk with your doctor about your options.
January 12th	OPFOLDA 65 MG CAPSULE	Miscellaneous	LUMIZYME

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	VOTRIENT 200 MG TABLET	Cancer	pazopanib
	ENDOMETRIN	Infertility	This medication will be a non-preferred brand.
	PREGNYL	Infertility	This medication will be a non-preferred brand.

### Medications that will be covered as Generic

Date Change Starts	Medication Name	Drug Class
September 17th	baclofen 15 mg tablet	Pain Relief and Inflammatory Disease
September 13th	allopurinol 200 mg tablet	Pain Relief and Inflammatory Disease
April 17th	doxycycline ir-dr 40 mg capsule	Infections
February 4th	HALOBETASOL PROP 0.05% FOAM	Skin Conditions
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics

### Medications that will need approval before they can be covered<sup>4</sup>

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Date Change Starts	Medication Name	Drug Class
December 1st	SCEMBLIX 100 MG TABLET	Cancer
October 11th	L-GLUTAMINE 5 GRAM POWDER PACKET	Blood Modifiers/Bleeding Disorders
August 8th	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
August 5th	FREESTYLE LIBRE 3 SENSOR	Diabetes
June 28th	XOLREMDI	Cancer
May 25th	WINREVAIR	Asthma/COPD/Respiratory
May 17th	REZDIFFRA	Gastrointestinal/Heartburn
April 5th	FILSUEVZ	Skin Conditions
February 2nd	YARGESA	Miscellaneous
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics
January 16th	ZEPBOUND PEN	Weight Management
January 1st	TRAMADOL	Pain Relief and Inflammatory Disease

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

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

### Medications that will have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
December 1st	SCEMBLIX 100 MG TABLET	Cancer
November 27th	EBGLYSS 250 MG/2 ML PEN	Skin Conditions
November 1st	AUSTEDO XR 30 MG, 36 MG, 42 MG, 48 MG	Miscellaneous
	INGREZZA 40 MG, 60 MG, 80 MG SPRINKLE CAPSULE	Miscellaneous
	OTEZLA 10-20 MG STARTER 28 DAY	Pain Relief and Inflammatory Disease
	OTEZLA 20 MG TABLETS	Pain Relief and Inflammatory Disease
	TALTZ 20 MG/0.25 ML, 40 MG/0.5 ML SYRINGE	Pain Relief and Inflammatory Disease
	XALKORI 20 MG, 50 MG, 150 MG PELLET	Cancer
October 23rd	RETEVMO 40 MG TABLETS	Cancer
	RETEVMO 80 MG, 120 MG, 160 MG TABLET	Cancer
October 11th	FREESTYLE LIBRE 3 SENSOR PLUS	Cancer
October 1st	XCOPRI 25 MG TABLET	Seizure Disorders
September 1st	UPTRAVI 200-800 TITRATION PACK	Asthma/COPD/Respiratory
August 30th	RINVOQ LQ 1 MG/ML SOLUTION	Pain Relief and Inflammatory Disease
	VIJOICE 50 MG GRANULE PACKET	Asthma/COPD/Respiratory
August 1st	DAYVIGO	Sleep Disorders/Sedatives
	QUVIVIQ	Sleep Disorders/Sedatives
	XOLAIR 75 MG, 150 MG, 300 MG AUTO-INJECTOR, 300 MG SYRINGE	Asthma/COPD/Respiratory
	VEVYE 0.1% EYE DROP	Eye Conditions
	ZORYVE 0.3% FOAM	Skin Conditions
June 1st	DEXCOM G6 RECEIVER/ G7 RECEIVER	Diabetes
	FREESTYLE LIBRE 3 READER	Diabetes
	MIEBO 100% EYE DROP	Eye Conditions
May 31st	REZDIFFRA	Gastrointestinal/Heartburn
May 1st	BREO ELLIPTA 50 /25 MCG INHALER	Asthma/COPD/Respiratory
	ILET INSULIN PUMP	Diabetes
	KALYDECO 5.8 MG GRANULES PACKET	Asthma/COPD/Respiratory
	SOHONOS	Miscellaneous
March 19th	BOSULIF 50 MG CAPSULE	Cancer
	OMVOH 100 MG/ML PEN	Pain Relief and Inflammatory Disease
	ROZLYTREK 50 MG PELLET PACKET	Cancer
	ZORYVE 0.3% FOAM	Skin Conditions
	ZURZUVAE 20 MG, 25 MG, 30 MG CAPSULE	Anxiety/Depression/Bipolar Disorder

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 have a quantity limit<sup>4</sup> (cont.)

Your plan will only cover up to a certain amount of medication at one time.

Date Change Starts	Medication Name	Drug Class
March 1st	ADALIMUMAB-ADAZ(CF) 40 MG PEN/SYRINGE	Pain Relief and Inflammatory Disease
	HYRIMOZ(CF) (SANDOZ) 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML SYRNG; HYRIMOZ(CF) (SANDOZ) 40 MG/0.4 ML, 80 MG/0.8 ML PEN	Pain Relief and Inflammatory Disease
	HYRIMOZ(CF) (SANDOZ) PEDI CROHN 80 MG, PSORIA 80-40MG PEN, CROHN-UC 80 MG PEN	Pain Relief and Inflammatory Disease
	HYRIMOZ(CF) (SANDOZ) PEDI CROHN 80-40 MG	Pain Relief and Inflammatory Disease
February 16th	OPFOLDA 65 MG CAPSULE	Miscellaneous
January 18th	RISPERIDONE ER VIAL	Schizophrenia/Anti-Psychotics
January 16th	ZEPBOUND PEN	Weight Management
January 1st	CEQUA 0.09% SOLUTION	Eye Conditions
	OMNIPOD DASH PDM KIT	Diabetes

### Medications that are part of Step Therapy<sup>4,6</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
November 1st	doxycycline ir-dr	Infections
July 1st	gabapentin er 300 mg, 600 mg tablet	Seizure Disorders
	indomethacin 25 mg/5 ml susp	Pain Relief and Inflammatory Disease
	loteprednol	Eye Conditions
June 1st	CYANOCOBALAMIN NASAL SPRAY	Nutritional/Dietary
	PODOFILOX 0.5% GEL	Skin Conditions
	VOQUEZNA (NOT COMBO PACK)	Gastrointestinal/Heartburn
May 9th	HALOBETASOL PROP 0.05% FOAM	Skin Conditions
May 1st	MITIGARE	Pain Relief and Inflammatory Disease

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>6,16</sup>

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
December 15th	FEMLYV 1 MG-0.02 MG ODT	Contraception Products	charlotte, finzala, kaitlib, layolis, mibelas, norethindrone-ethin estradiol, wymzya
	LIVDELZI 10 MG CAPSULE	Gastrointestinal/Heartburn	IQIRVO
	UNDECATREX 200 MG CAPSULE	Hormonal Agents	testosterone gel, testosterone solution
	ZITUVIMET, ZITUVIMET XR 50-500 MG, 50-1,000 MG TABLET	Diabetes	saxagliptin-metformin er, JANUMET, JANUMET XR
	ZORYVE 0.15% CREAM	Skin Conditions	pimecrolimus, tacrolimus topical, EUCRISA
November 15th	DOLOBID 250 MG TABLET	Pain Relief and Inflammatory Disease	diflunisal
	ONYDA XR 0.1 MG/ML SUSPENSION	Attention Deficit Hyperactivity Disorder	clonidine hcl er (generic)
	TRYVIO 12.5 MG TABLET	Blood Pressure/Heart Medications	amlodipine mesylate, atenolol, benazepril hcl, diltiazem hcl tablets, doxazosin mesylate, hydrochlorothiazide
November 7th	CLOBETASOL 0.05% EYE DROP	Eye Conditions	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol etabonate, prednisolone acetate
October 31st	OXYCODONE HCL 5 MG, 10 MG, 30 MG TABLET	Pain Relief and Inflammatory Disease	oxycodone hcl (generic)
October 25th	ADALIMUMAB-AACF(CF) CROHN 40MG, PS-UV 40MG	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M)CF) PEN, ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN, SIMLANDI(CF) AUTOINJECTOR
	GLIMEPIRIDE 3 MG TABLET	Diabetes	Talk with your doctor about your options.
October 1st	ADALIMUMAB-AACF(CF) SYR 40 MG	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)CF), ADALIMUMAB-RYVK(CF) AUTOINJECT, CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI(CF) AUTO-INJECTOR
	IQIRVO 80 MG TABLET	Gastrointestinal/Heartburn	OICALIVA
	KISUNLA 350 MG/20 ML VIAL	Alzheimer's Disease	Talk with your doctor about your options.
	OHTUVAYRE 3 MG/2.5 ML INHAL SUSPENSION	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT, SPIRIVA RESPIMAT, STRIVERDI RESPIMAT, ADVAIR HFA, BREO ELLIPTA, DULERA
	SOFDRA 12.45% GEL	Miscellaneous	BROMI-LOTION
	VAFSEO 150 MG, 300 MG TABLET	Seizure Disorders	PROCRIT, RETACRIT
	VIGAFYDE 100 MG/ML ORAL SOLUTION	Eye Conditions	vigabatrin powder packets

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>6,16</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
August 30th	DUVYZAT 8.86 MG/ML ORAL SUSPENSION	Miscellaneous	Talk with your doctor about your options.
	LIRAGLUTIDE 2-PAK, 3-PAK 18 MG/3 ML	Diabetes	BYDUREON, BYETTA, OZEMPIC, TRULICITY
August 29th	VABYSMO 6 MG/0.05 ML SYRINGE	Eye Conditions	EYLEA
August 10th	CARBINOXAMINE ER 4 MG/5 ML SUSPENSION (AUTHORIZED GENERIC)	Allergy/Nasal Sprays	carbinoxamine 4mg (generic)
	FOCINVEZ 150 MG/50 ML VIAL	Gastrointestinal/Heartburn	fosaprepitant inj, CINVANTI
	ONDANSETRON ODT 16 MG TABLET	Gastrointestinal/Heartburn	ondansetron odt (generic)
	SITAGLIPTIN-METFORMIN 50-1000, 50-500	Diabetes	saxagliptin-metformin, JANUMET, JANUMET XR
July 19th	LIBERVANT 5 MG, 7.5 MG, 10 MG, 12.5 MG, 15 MG FILM	Seizure Disorders	diazepam rectal gel
July 1st	ADVAIR DISKUS 100-50, 250-50, 500-50	Asthma/COPD/Respiratory	fluticasone-salmeterol, wixela inhub
	COPAXONE 20 MG/ML, 40 MG/ML SYRINGE <sup>15</sup>	Multiple Sclerosis	glatiramer, glatopa
	ENDOMETRIN 100 MG VAGINAL INSERTER	Infertility	CRINONE 8%
	RUBRACA <sup>17</sup>	Cancer	LYNPARZA
	ZEJULA TABLET <sup>17</sup>	Cancer	LYNPARZA
May 31st	SITAGLIPTIN 25 MG, 50 MG, 100 MG TABLET	Diabetes	saxagliptin, JANUVIA
May 15th	ADALIMUMAB-AATY(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF), ADALIMUMAB-RYVK(CF), CYLTEZO(CF), HUMIRA, HYRIMOZ(CF), SIMLANDI
May 3rd	ALVAIZ 9 MG, 18 MG, 36 MG, 54 MG TABLET	Blood Modifiers/Bleeding Disorders	NPLATE, PROMACTA
	EOHILIA 2 MG/10 ML STICK PACK	Hormonal Agents	budesonide inhalation suspension
May 1st	DAPAGLIFLOZIN 5 MG, 10 MG TABLET	Diabetes	FARXIGA, JARDIANCE, STEGLATRO
	DAPAGLIFLOZIN-METFOR ER 5-1000, 10-1000 MG	Diabetes	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	JESDUVROQ	Miscellaneous	Talk with your doctor about your options.
	RIVFLOZA 160 MG/ML, 128 MG/0.8 ML SYRINGE RIVFLOZA 80 MG/0.5 ML VIAL	Miscellaneous	Talk with your doctor about your options.
April 26th	SOVUNA 200 MG, 300 MG TABLET	Infections	hydroxychloroquine tablets

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>6,16</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
April 1st	HUMIRA(CF) 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML SYRING HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF), CYLTEZO(CF), HUMIRA (Labeler A00074), HYRIMOZ(CF) (Labeler D00781)
March 22nd	AGAMREE 40 MG/ML SUSPENSION	Hormonal Agents	prednisone, prednisolone
	AUGTYRO 40 MG CAPSULE	Cancer	ROZLYTREK
	TRUQAP 160 MG, 200 MG TABLET	Cancer	anastrozole, exemestane, letrozole, tamoxifen, KISQALI, KISQALI FEMARA CO-PACK, VERZENIO
	WAINUA	Miscellaneous	Talk with your doctor about your options.
	ZILBRYSQ	Miscellaneous	SOLIRIS
February 22nd	ZITUVIO 25 MG, 50 MG, 100 MG TABLET	Diabetes	saxagliptin, JANUVIA
February 16th	ADALIMUMAB-AACF(CF) PEN 40MG	Pain Relief and Inflammatory Disease	HUMIRA, CYLTEZO, ADALIMUMAB-ADB(M), HYRIMOZ (Sandoz)
	FRUZAQLA 1 MG, 5 MG CAPSULE	Cancer	LONSURF
February 2nd	COXANTO 300 MG CAPSULE	Pain Relief and Inflammatory Disease	oxaprozin, diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
	JYLAMVO 2 MG/ML ORAL SOLUTION	Cancer	methotrexate tabs
	LIKMEZ 500 MG/5 ML SUSPENSION	Infections	metronidazole tablets
	OXAPROZIN 300 MG CAPSULE	Pain Relief and Inflammatory Disease	oxaprozin, diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
January 26th	ENTYVIO 108 MG/0.68 ML PEN	Gastrointestinal/Heartburn	ENTYVIO IV, OMVOH PEN, STELARA SC
	VELSIPITY 2 MG TABLET	Pain Relief and Inflammatory Disease	HUMIRA, OMVOH PEN, RINVOQ, SIMPONI IOMG, STELARA SC, XELJANZ, ZEPOSIA
	VOQUEZNA 10MG, 20 MG TABLET	Gastrointestinal/Heartburn	dexlansoprazole dr, esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
	XPHOZAH TABLET	Nutritional/Dietary	calcium acetate, lanthanum, sevelamer carbonate, sevelamer hcl, VELPHORO
January 16th	BIMZELX 160 MG/ML AUTO-INJECTOR/SYRINGE	Pain Relief and Inflammatory Disease	SKYRIZI SC, STELARA SC, TALTZ, TREMFYA
January 12th	CABTREO 1.2%-0.15%-3.15% GEL	Skin Conditions	adapalene, adapalene- benzoyl peroxide, benzoyl peroxide gel, clindamycin topical, clindamycin-benzoyl peroxide, tretinoin, tretinoin micro
	YUFLYMA(CF) AI CROHNS-UC-HS 80	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB(M) (CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN (Labeler D00781-Sandoz)

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>6,16</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 4th	TRAMADOL HCL 25 MG TABLET	Pain Relief and Inflammatory Disease	tramadol
January 1st	AMJEVITA(CF) <sup>7</sup> , AUTO-INJECTOR <sup>7</sup>	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
	AMJEVITA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE, 40 MG/0.4 ML, 80 MG/0.8 ML AUTO-INJECTOR	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF) PEN, ADALIMUMAB-ADB (CF) PEN, CYLTEZO(CF) PEN, HUMIRA, HYRIMOZ(CF) PEN (Labeler DOO781-Sandoz)
	APLENZIN <sup>13</sup>	Anxiety/Depression/Bipolar Disorder	bupropion xl 150 mg or 300 mg
	AUBAGIO <sup>7</sup>	Multiple Sclerosis	teriflunomide
	BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
	BIDIL	Blood Pressure/Heart Medications	hydralazine, isosorbide dinitrate
	BRAFTOVI <sup>13</sup>	Cancer	TAFINLAR, ZELBORAF
	CARAFATE	Gastrointestinal/Heartburn	sucralfate
	CHORIONIC GONADOTROPIN	Infertility	NOVAREL, OVIDREL
	CITRANATAL 90 DHA, ASSURE, B-CALM, BLOOM, DHA, HARMONY, MEDLEY, RX	Nutritional/Dietary	generic prenatal vitamins
	DYANAVEL XR <sup>7</sup>	Attention Deficit Hyperactivity Disorder	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
	HYRIMOZ (NDCS STARTING WITH 83457) CORDAVIS	Pain Relief and Inflammatory Disease	HYRIMOZ by (Sandoz)
	IBRANCE <sup>5</sup>	Cancer	KISQALI, VERZENIO
	KEVEYIS <sup>8</sup>	Miscellaneous	dichlorphenamide
	KUVAN <sup>7</sup>	Miscellaneous	sapropterin
	LATUDA	Schizophrenia/Anti-Psychotics	lurasidone
	LEVEMIR, FLEXPEN, FLEXTOUCH	Diabetes	SEMGLEE (YFGN), TOUJEO, TRESIBA
	LUZU	Skin Conditions	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
	MEKTOVI <sup>13</sup>	Cancer	COTELLIC, MEKINIST
	NATESTO <sup>7</sup>	Hormonal Agents	testosterone gel, testosterone solution, ANDRODERM PATCHES
	NORDITROPIN FLEXPRO <sup>7</sup>	Hormonal Agents	GENOTROPIN, OMNITROPE
	OXMOLEX ER <sup>8</sup>	Parkinson's Disease	amantadine capsules, amantadine oral solution, amantadine tablets
	OXAYDO <sup>13</sup>	Pain Relief and Inflammatory Disease	oxycodone

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>6,16</sup> (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1st	QUILLICHEW ER <sup>7</sup>	Attention Deficit Hyperactivity Disorder	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
	QUILLIVANT XR <sup>7</sup>	Attention Deficit Hyperactivity Disorder	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
	SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT
	SIVEXTRO <sup>7</sup>	Infections	linezolid
	STEGLUJAN <sup>7</sup>	Diabetes	GLYXAMBI
	VOQUEZNA DUAL PAK, TRIPLE PAK	Gastrointestinal/Heartburn	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
	XULTOPHY 100-3.6	Diabetes	SOLIQUA
	YONSA <sup>5</sup>	Cancer	abiraterone, XTANDI
	ZOLPIMIST <sup>7</sup>	Sleep Disorders/Sedatives	eszopiclone, zaleplon, zolpidem

### Will no longer have a quantity limit

Date Change Starts	Medication Name	Drug Class
June 14th	ONMEL 200MG TABS	Infections

### Medications that will no longer be covered under the pharmacy benefit<sup>10</sup>

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

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

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

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



## Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty<sup>SM</sup> Drug List.<sup>6,12</sup> However, there are preferred medications available that are used to treat the same condition. They're listed below. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

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

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

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

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

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

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

## Cigna Pathwell Specialty Drug List (cont.)

These specialty medications aren't covered on the Cigna Pathwell Specialty Drug List.<sup>6,12</sup> However, there are preferred medications available that are used to treat the same condition. They're listed below. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

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

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

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

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

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

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



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

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

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

978988 2024 Medication Coverage Changes 12/24 © 2024 Cigna Healthcare. Some content provided under license.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto: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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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