

Medication Coverage Changes

For 2025

These are the medication coverage changes Cigna HealthcareSM is making in 2025.¹ 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.

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Cigna Healthcare Standard Prescription Drug List

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

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

These medications may cost you more to fill. There are other lower-cost medications available that can be used to treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG ²	Cancer	leuprolide acetate, FIRMAGON
	LUPRON DEPOT-PED ^{3,4}	Hormonal Agents	FENSOLVI

Medications that will have a quantity limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACIPHEX ³	Gastrointestinal/ Heartburn	rabeprazole

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsons; tretinoin; clindamycin-benzoyl peroxide)
	ALTACE ³	Blood Pressure/ Heart Medications	ramipril
	AVAPRO ³	Blood Pressure/ Heart Medications	irbesartan
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/ Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	COZAAR ³	Blood Pressure/ Heart Medications	losartan
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET ³	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5MG/5ML ORAL LIQUID ³	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant

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 alternatives⁶ (cont.)

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

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

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	TRUDHESA ³	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er
	ZESTRIL ³	Blood Pressure/ Heart Medications	lisinopril

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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
January 1	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

Medications that will have a quantity limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACIPHEX ³	Gastrointestinal/ Heartburn	rabeprazole
	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapson; tretinoin; clindamycin-benzoyl peroxide)
	ALTACE ³	Blood Pressure/ Heart Medications	ramipril
	AVAPRO ³	Blood Pressure/ Heart Medications	irbesartan
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CARAFATE	Gastrointestinal/ Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate- magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	COZAAR ³	Blood Pressure/ Heart Medications	losartan
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET ³	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID ³	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT ²	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet
	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)
	LOMOTIL	Gastrointestinal/Heartburn	diphenoxylate-atropine
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG ²	Cancer	leuprolide, ELIGARD, FIRMAGON
	LUPRON DEPOT-PED ^{3,4}	Hormonal Agents	FENSOLVI, TRIPTODUR
	MEKTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	MYFORTIC	Transplant Medications	mycophenolic acid
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET ³	Gastrointestinal/Heartburn	SYMPROIC, MOVANTI, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SUFLAVE	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUPPRELIN LA ^{3,4}	Hormonal Agents	FENSOLVI, TRIPTODUR
	SUTAB	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRUDHESA ³	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/Bipolar Disorder	alprazolam

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 alternatives⁶ (cont.)

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

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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
January 1	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

These medications may cost you more to fill. There are other lower-cost medications available that can be used to treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG ²	Cancer	leuprolide, FIRMAGON
	LUPRON DEPOT-PED ^{3,4}	Hormonal Agents	FENSOLVI

Medications that will have a quantity limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapson; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	BRAFTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/ Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (la)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET ³	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID ³	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT ²	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin

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 alternatives⁶ (cont.)

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

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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Cigna Healthcare 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
January 1	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

Medications that will have a quantity limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARAFATE	Gastrointestinal/ Heartburn	sucralfate
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (1a)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate

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Cigna Healthcare Advantage Prescription Drug List (cont.)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	CORTEF	Hormonal Agents	hydrocortisone tablet
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET ³	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID ³	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT ²	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
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	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
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Cigna Healthcare Advantage Prescription Drug List (cont.)

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LUPRON DEPOT-PED ^{3,4}	Hormonal Agents	FENSOLVI, TRIPTODUR
	MEKTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	MYFORTIC	Transplant Medications	mycophenolic acid
	NATROBA	Infections	spinosad
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	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SUFLAVE	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUPPRELIN LA ^{3,4}	Hormonal Agents	FENSOLVI, TRIPTODUR
	SUTAB	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRUDHESA ³	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er

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Cigna Healthcare Advantage Prescription Drug List (cont.)

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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
January 1	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

These medications may cost you more to fill. There are other lower-cost medications available that can be used to treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ALOGLIPTIN ⁸	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	ALOGLIPTIN-METFORMIN ⁸	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet
	ALOGLIPTIN-PIOGLITAZONE ⁸	Diabetes	JANUMET, JANUMET XR, JANUVIA, pioglitazone
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG ²	Cancer	leuprolide, FIRMAGON
	LUPRON DEPOT-PED ^{3,4}	Hormonal Agents	FENSOLVI
	TRUDHESA ³	Pain Relief and Inflammatory Disease	sumatriptan

Medications that will need approval from Cigna Healthcare before they can be covered⁵

Date Change Starts	Medication Name	Drug Class
January 1	ACIPHEX ³	Gastrointestinal/Heartburn
	ACZONE 7.5 GEL PUMP	Skin Conditions
	ALTACE ³	Blood Pressure/Heart Medications
	AVAPRO ³	Blood Pressure/Heart 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 from Cigna Healthcare before they can be covered⁵ (cont.)

Date Change Starts	Medication Name	Drug Class
January 1	BIDIL	Blood Pressure/Heart Medications
	CARAFATE	Gastrointestinal/Heartburn
	CARDIZEM LA	Blood Pressure/Heart Medications
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications
	CELLCEPT 250 MG CAPSULE	Transplant Medications
	CELLCEPT 500 MG TABLET	Transplant Medications
	CLENPIQ ⁹	Gastrointestinal/Heartburn
	CORTEF	Hormonal Agents
	COZAAR ³	Blood Pressure/Heart Medications
	DICLEGIS ¹⁰	Gastrointestinal/Heartburn
	EPANED	Blood Pressure/ Heart Medications
	ESTRACE TABLET	Hormonal Agents
	FANAPT ²	Schizophrenia/Anti-Psychotics
	FLOMAX	Urinary Tract Conditions
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	LO LOESTRIN FE ⁹	Contraception Products
	LOMOTIL	Gastrointestinal/Heartburn
	MYFORTIC	Transplant Medications
	NATROBA	Infections
	PROVERA	Hormonal Agents
	RAPAMUNE	Transplant Medications
	SOMA	Pain Relief and Inflammatory Disease
	SUFLAVE ⁹	Gastrointestinal/Heartburn
	SUTAB ⁹	Gastrointestinal/Heartburn
	VALIUM	Anxiety/Depression/Bipolar Disorder
	XANAX	Anxiety/Depression/Bipolar Disorder
	XANAX XR	Anxiety/Depression/Bipolar Disorder
	ZESTRIL ³	Blood Pressure/Heart 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 have a quantity limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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
January 1	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

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

These medications may cost you more to fill. There are other lower-cost medications available that can be used to treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ALOGLIPTIN ⁸	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	ALOGLIPTIN-METFORMIN ⁸	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet
	ALOGLIPTIN-PIOGLITAZONE ⁸	Diabetes	JANUMET, JANUMET XR, JANUVIA, pioglitazone
	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG ²	Cancer	FENSOLVI, TRIPTODUR
	LUPRON DEPOT-PED ^{3,4}	Hormonal Agents	FENSOLVI, TRIPTODUR
	TRUDHESA ³	Pain Relief and Inflammatory Disease	sumatriptan

Medications that will need approval from Cigna Healthcare before they can be covered⁵

Date Change Starts	Medication Name	Drug Class
January 1	ACIPHEX ³	Gastrointestinal/Heartburn
	ACZONE 7.5 GEL PUMP	Skin Conditions
	ALTACE ³	Blood Pressure/Heart Medications
	AVAPRO ³	Blood Pressure/Heart Medications
	BIDIL	Blood Pressure/Heart Medications

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 from Cigna Healthcare before they can be covered⁵ (cont.)

Date Change Starts	Medication Name	Drug Class
January 1	CARAFATE	Gastrointestinal/Heartburn
	CARDIZEM LA	Blood Pressure/Heart Medications
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications
	CELLCEPT 250 MG CAPSULE	Transplant Medications
	CELLCEPT 500 MG TABLET	Transplant Medications
	CLENPIQ ⁹	Gastrointestinal/Heartburn
	CORTEF	Hormonal Agents
	COZAAR ³	Blood Pressure/Heart Medications
	DICLEGIS ¹⁰	Gastrointestinal/Heartburn
	EPANED	Blood Pressure/ Heart Medications
	ESTRACE TABLET	Hormonal Agents
	FANAPT ²	Schizophrenia/Anti-Psychotics
	FLOMAX	Urinary Tract Conditions
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	LO LOESTRIN FE ⁹	Contraception Products
	LOMOTIL	Gastrointestinal/Heartburn
	MYFORTIC	Transplant Medications
	NATROBA	Infections
	PROVERA	Hormonal Agents
	RAPAMUNE	Transplant Medications
	SOMA	Pain Relief and Inflammatory Disease
	SUFLAVE ⁹	Gastrointestinal/Heartburn
	SUTAB ⁹	Gastrointestinal/Heartburn
	VALIUM	Anxiety/Depression/Bipolar Disorder
	XANAX	Anxiety/Depression/Bipolar Disorder
	XANAX XR	Anxiety/Depression/Bipolar Disorder
ZESTRIL ³	Blood Pressure/Heart Medications	

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 limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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
January 1	JANUMET	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
	JANUMET XR	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
	JANUVIA	Diabetes	This medication will be added to the drug list as a preferred brand (Tier 2)
	ZENPEP	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a preferred brand (Tier 2)

Medications that will have a quantity limit⁵

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

Date Change Starts	Medication Name	Drug Class
January 1	doxylamine-pyridoxine	Gastrointestinal/Heartburn
	INGREZZA	Miscellaneous

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapson; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (1a)
	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET ³	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID ³	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT ²	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet
	JENTADUETO ³	Diabetes	deferasirox
	JENTADUETO XR ³	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin-metformin er
	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)

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 alternatives⁶ (cont.)

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	LOMOTIL	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	MEKTOVI ²	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET ³	Gastrointestinal/ Heartburn	SYMPROIC, MOVANTIK, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SUFLAVE	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUTAB	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRADJENTA ³	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	TRUDHESA ³	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/ Bipolar Disorder	diazepam
	XANAX	Anxiety/Depression/ Bipolar Disorder	alprazolam
	XANAX XR	Anxiety/Depression/ Bipolar Disorder	alprazolam er

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

Medications that will no longer be covered under the pharmacy benefit⁷

These medications aren't approved by the U.S. Food and Drug Administration. Because of this, your plan won't cover them for any reason.

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

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/be preferred or be added to the drug list

Date Change Starts	Medication Name	Drug Class	Additional Information
January 1	BRAFTOVI	Cancer	This medication will become a preferred brand
	HAEGARDA	Miscellaneous	This medication will become a preferred brand
	IBRANCE	Cancer	This medication will become a preferred brand
	INCRUSE ELLIPTA	Asthma/COPD/ Respiratory	This medication will be added to the drug list as a preferred brand
	INSULIN GLARGINE-YFGN	Diabetes	This medication will be added to the drug list as a preferred brand
	MEKTOVI	Cancer	This medication will become a preferred brand
	RHOPRESSA	Eye Conditions	<ul style="list-style-type: none"> This medication will be added to the drug list as a non-preferred brand Try a lower-cost medication: betaxolol, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol, timolol, travoprost
	ROCKLATAN	Eye Conditions	<ul style="list-style-type: none"> This medication will be added to the drug list as a non-preferred brand Try a lower-cost medication: betaxolol, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol, timolol, travoprost
	TAVNEOS	Blood Modifiers/ Bleeding Disorders	<ul style="list-style-type: none"> This medication will be added to the drug list as a non-preferred brand Try a lower-cost medication: azathioprine, methotrexate, mycophenolate, RUXIENCE
	TRUQAP	Cancer	This medication will be added to the drug list as a preferred brand
YONSA	Cancer	This medication will be added to the drug list as a preferred brand	

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 alternatives⁶

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

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 alternatives⁶

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

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® Drug List.⁶ 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
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	PLERIXAFOR
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYRINGE/AUTO-INJECTOR, TEZSPIRE*, XOLAIR*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA**	NYVEPRIA*, NEULASTA**, NEULASTA ONPRO**, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	FULPHILA*^, NYVEPRIA*, NEULASTA**, NEULASTA ONPRO**, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
GAMMAGARD LIQUID*, GAMMAGARD S/D*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (not covered)	Preferred Medications
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN, HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, CUVITRU*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
INFLIXIMAB*	AVSOLA*, INFLECTRA*
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
KISUNLA*	Talk to your doctor about other options.
LEMTRADA*	AVONEX+, BAFIERTAM+, BETASERON, BRIUMVI**, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY+, PONVORY+, REBIF+, teriflunomide, TYSABRI**, VUMERITY+, ZEPOSIA
LEQVIO*	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEULASTA*^	FULPHILA*^, NYVEPRIA*, NEULASTA**, NEULASTA ONPRO**, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^

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.)

Medication Name (not covered)	Preferred Medications
NEULASTA ONBODY**^	FULPHILA*^, NYVEPRIA*, NEULASTA**, NEULASTA ONPRO**, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
NEUPOGEN	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
ORENCIA IV*	ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, HYRIMOZ, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
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*

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

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

* This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. 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 flyer.** Certain state laws may require these changes to start at a later date. For example, if Cigna Healthcare is making a change to your medication on January 1 but your new plan year doesn't start until March 1, the change(s) won't affect you until March 1. It's up to you to remember that this change(s) will be taking place. To find out if these laws apply to you, please call customer service using the number on your Cigna Healthcare ID card.
 - **Connecticut, Louisiana, Nevada, New York and Texas:** Your plan may be required to continue covering your medication as it is now, until your new plan year starts.
 - **Illinois:** If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts.
2. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval from Cigna Healthcare for your plan to cover this medication, this change won't affect you (unless your prescription changes at some point).
3. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
4. **This change only affects customers using this medication to treat central precocious puberty (CPP).**
5. **This change may not apply to your specific plan.** Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan has extra coverage requirements for this medication, such as prior authorization, quantity limits, Step Therapy and/or age requirements.
6. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval by January 1 and continue to fill/order this medication, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
7. There are certain medications and products that aren't covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For these medications, talk with your doctor about your options.
8. If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it until your approval period ends. However, starting January 1, you'll pay a higher cost-share to fill it.
9. If Cigna Healthcare approves coverage of this medication, it may cost you more to fill. You'll pay your non-preferred brand copay or coinsurance to fill it.
10. This medication will also have a quantity limit.
11. Some states require out-of-network coverage. To find out if these state laws apply to your plan, please call customer service using the number on your Cigna Healthcare ID card.
12. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** This change won't affect customers currently filling a prescription for this medication (unless your prescription changes).
13. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** This change won't affect customers currently filling a prescription for this medication until [January 1, 2026](#).
14. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** This change won't affect customers currently filling a prescription for this medication until [July 1, 2025](#).

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

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

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Discrimination is against the law.

Medical coverage

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

Cigna Healthcare:

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

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

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

Cigna Healthcare

Nondiscrimination Complaint Coordinator
P.O. Box 188016
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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