Medication Coverage Changes

For 2026

These are the changes we're making to the Cigna Healthcare® Prescription Drug List in 2026.[1] Medications are listed in alphabetical order (A-Z) by the type of change taking place. Use the chart below to find what page your drug list is on.

If you have Cigna Healthcare pharmacy and/or medical benefits and are affected by one of these changes, we'll send you a letter with next steps.

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989948 2026 Medication Coverage Changes 09/26 © 2026 Cigna Healthcare.

Cigna Healthcare Standard Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	PENTASA 250 MG CAPSULE	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a non preferred brand (Tier 3).
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory	This medication will: • Be added to the drug list as a generic medication and • Require a quality limit[4].
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)

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

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	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	This medication will: • Be added to the drug list as a non-preferred brand (Tier 3) and • Require Step Therapy[2]
	ZAVZPRET	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy[2]
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	More Information
January 1	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	HEPCLUDEX	Miscellaneous	3	Talk with your doctor about other options.
October 1	JAKAFI XR	Cancer	3	Talk with your doctor about other options.
August 15	YUVIWEL	Miscellaneous	3	Talk with your doctor about other options.
August 1	EMROSI	Infections	3	topical azelaic acid, ivermectin, metronidazole, oral minocycline
July 15	JATENZO	Hormonal Agents	3	testosterone cypionate, gel
	MYQORZO	Blood Pressure/ Heart Medications	3	Talk with your doctor about other options.
July 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	CARDAMYST	Blood Pressure/ Heart Medications	3	Talk with your doctor about other options.
	NARCAN	Substance Abuse	3	naloxone
	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er
	WAINUA	Miscellaneous	3	Talk with your doctor about other options.

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
June 1	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
May 15	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
May 1	GEMTESA	Urinary Tract Conditions	3	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
August 15	YUVIWEL	Miscellaneous
August 1	EMROSI	Infections
July 15	JATENZO	Hormonal Agents
	MYQORZO	Blood Pressure/Heart Medications
July 1	AQVESME	Blood Modifiers/Bleeding Disorders
	BRAFTOVI	Cancer
	CARDAMYST	Blood Pressure/Heart Medications

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
July 1	MEKTOVI	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	WAINUA	Miscellaneous
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	VOYXACT	Miscellaneous
	WEGOVY HIGH DOSE	Weight Management
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
May 1	ZAVZPRET	Pain Relief and Inflammatory Disease
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
	LYNKUET	Miscellaneous
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 15	ANZUPGO	Skin Conditions
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	ZORYVE 0.3% CREAM	Skin Conditions
	ZORYVE 0.3% FOAM	Skin Conditions
January 1	liraglutide	Diabetes

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

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
September 15	IDVYNSO	AIDS/HIV
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
July 15	JATENZO	Hormonal Agents
	MYQORZO	Blood Pressure/Heart Medications
July 1	AQVESME	Blood Modifiers/Bleeding Disorders
	MEKTOVI	Cancer
	VTAMA	Skin Conditions
	WAINUA	Miscellaneous
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	WEGOVY HIGH DOSE	Weight Management

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

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	MODEYSO	Cancer

Medications that will need Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
July 1	VTAMA	Skin Conditions	Talk with your doctor about other options.
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	Talk with your doctor about other options.
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

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

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
November 1	BOSULIF 100 MG CAPSULE	Cancer	bosutinib tablet
	BOSULIF TABLET	Cancer	bosutinib tablet
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	dronabinol capsule
	JANUMET XR	Diabetes	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	cholestyramine, naltrexone, sertraline, fenofibrate
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	Talk with your doctor about other alternatives.
	DEXLYT	Hormonal Agents	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/Dietary	folic acid tablet
	GLIPIZIDE 15 MG TABLET	Diabetes	glipizide
	LIFYORLI	Cancer	Talk to your doctor about other options.
	QUIOFIC	Nutritional/Dietary	folic acid tablet
	ZOLYMBUS	Eye Conditions	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/Heart Medications	Talk to your doctor about other options.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	lisdexamfetamine chewable tablet, amphetamine er odt
	ASTAGRAF XL	Transplant Medications	tacrolimus xl
	CAFERGOT	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	GRANISOL	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	JANUMET	Diabetes	sitagliptin/metformin
	JANUVIA	Diabetes	sitagliptin

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
August 15	KYGEVVI	Miscellaneous	Talk to your doctor about other options.
	OPSUMIT	Asthma/COPD/ Respiratory	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	gabapentin
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	methocarbamol tablet
	BRIVIACT ORAL SOLUTION, TABLET	Seizure Disorders	brivaracetam
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	EDURANT	AIDS/HIV	rilpivirine
	LEROCHOL	Cholesterol Medications	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	tapentadol
	OFEV	Asthma/COPD/ Respiratory	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	milnacipran
	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	INCRUSE ELLIPTA
	XELJANZ	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	Talk to your doctor about other options.
	ZYCUBO	Nutritional/Dietary	Talk to your doctor about other options.
July 15	DESMODA	Hormonal Agents	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	INSULIN GLARGINE (CIVICA manu)	Diabetes	INSULIN GLARGINE (Biocon), LANTUS, TRESIBA, TOUJEO
	PIVYA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/Heart Medications	amlodipine tablet
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BEXIFLOXACIN HCL	Eye Conditions	BESIVANCE
	dexlansoprazole	Gastrointestinal Heartburn	lansoprazole
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/ Heartburn	lactulose oral solution
	MYDAYIS[12]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine er
	opium tincture[13]	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	POMALYST	Cancer	pomalidomide
	PROLENSA	Eye Conditions	bromfenac eye drops
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG VIAL[13]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION[12]	Seizure Disorders	lacosamide oral solution
	ZORTRESS	Transplant Medications	everolimus
June 1	FARXIGA	Weight Management	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
	XIGDUO	Weight Management	dapagliflozin/metformin
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
May 15	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine, SAVELLA
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 1	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL[4]	Osteoporosis Products	risedronate
	ADDERALL[5]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	AVALIDE[4]	Blood Pressure/ Heart Medications	irbesartan-hctz
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CLARINEX	Allergy/Nasal Sprays	desloratadine
	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	EVEKEO[5]	Attention Deficit Hyperactivity Disorder	amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET[6]	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA[5]	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ[6]	Sleep Disorders	tasimelteon
	HYZAAR[4]	Blood Pressure/ Heart Medications	losartan-hctz
	INVEGA ER TABLET[4]	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	MICARDIS[4]	Blood Pressure/ Heart Medications	telmisartan
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN[5]	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET[5]	Seizure Disorders	clobazam
	PREVACID DR[4]	Gastrointestinal/Heartburn	lansoprazole
	PROSCAR	Urinary Tract Conditions	finasteride
	PROTONIX[4]	Gastrointestinal/Heartburn	pantoprazole
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TRIBENZOR	Blood Pressure/ Heart Medications	olmesartan-amlodipine-hctz
	TIKOSYN[5]	Blood Pressure/ Heart Medications	dofetilide
	TYKERB[5]	Cancer	lapatinib

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 non-preferred under the Cigna Healthcare medical benefit.*

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[15]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA[15]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[15]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[15]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[15]	Osteoporosis Products	WYOST, BILPREVDA
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
June 15	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	digoxin 62.5 mcg	Blood Pressure/Heart Medications
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections
	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary
	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary

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 as Generic. *(cont.)*

Date Change Starts	Medication Name	Drug Class
June 15	mynatal capsule	Nutritional/Dietary
	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs fa tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	sps 30 g/120 ml enema	Nutritional/Dietary
	sulfatrim ped suspension	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tobramycin-lotepred 0.3%-0.5%	Eye Conditions
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July 1	pomalidomide	Cancer
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer

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

Medications that will no longer require a Prior Authorization. *(cont.)*

Date Change Starts	Medication Name	Drug Class
April 1	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	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 no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
June 15	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	VTAMA	Skin Conditions
February 1	lenalidomide	Cancer

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Cigna Healthcare Performance Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	PENTASA 250 MG CAPSULE	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a non preferred brand (Tier 3).
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory	This medication will: • Be added to the drug list as a generic medication and • Require a quality limit[4].
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)

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

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	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	This medication will: • Be added to the drug list as a non-preferred brand (Tier 3) and • Require Step Therapy[2]
	ZAVZPRET	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 3)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	BILDYOS	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	BILPREVDA	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	IMCIVREE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
February 15	AVTOZMA	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)

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

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	More Information
January 15	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy[2]
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will be covered on a higher tier.

These medications may cost you more to fill. There are lower-cost medications on your drug list that treat the same conditions. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	HEPCLUDEX	Miscellaneous	3	Talk with your doctor about other options.
October 1	JAKAFI XR	Cancer	3	Talk with your doctor about other options.
August 15	YUVIWEL	Miscellaneous	3	Talk with your doctor about other options.
August 1	EMROSI	Infections	3	topical azelaic acid, ivermectin, metronidazole, oral minocycline
July 15	JATENZO	Hormonal Agents	3	testosterone cypionate, 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 be covered on a higher tier. *(cont)*

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 15	MYQORZO	Blood Pressure/ Heart Medications	3	Talk with your doctor about other options.
July 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	CARDAMYST	Blood Pressure/ Heart Medications	3	Talk with your doctor about other options.
	LYMPHIR	Cancer	3	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
	NARCAN	Substance Use Disorder	3	naloxone
	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er
	WAINUA	Miscellaneous	3	Talk with your doctor about other options.
June 1	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
May 15	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
May 1	GEMTESA	Urinary Tract Conditions	3	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	3	ZIRABEV, MVASI
February 15	KYXATA	Cancer	3	generic carboplatin
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 1	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

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 (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
August 15	YUVIWEL	Miscellaneous
August 1	EMROSI	Infections
July 15	MYQORZO	Blood Pressure/Heart Medications
July 1	BRAFTOVI	Cancer
	CARDAMYST	Blood Pressure/Heart Medications
	MEKTOVI	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	WAINUA	Miscellaneous
	ZYKADIA	Cancer
June 15	JATENZO	Hormonal Agents
	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	LYMPHIR	Cancer
	MINIMED INSTRINCT SENSOR	Diabetes
	VOYXACT	Miscellaneous
	WEGOVY HIGH DOSE	Pain Relief and Inflammatory Disease
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
May 1	ZAVZPRET	Pain Relief and Inflammatory Disease
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
	RYBREVANT FASPRO	Cancer
March 1	BILDYOS	Osteoporosis Products

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 (prior authorization) before they can be covered.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
March 1	BILPREVDA	Osteoporosis Products
	IMCIVREE	Weight Management
	JOBEVNE	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	AVTOZMA	Pain Relief and Inflammatory Disease
	KYXATA	Cancer
February 1	HERNEXEOS	Cancer
January 15	ANZUPGO	Skin Conditions
	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	ZORYVE 0.3% CREAM	Skin Conditions
	ZORYVE 0.3% FOAM	Skin Conditions
January 1	liraglutide	Diabetes

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
September 15	IDVYNSO	AIDS/HIV
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory

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

Medications that will have a quantity limit.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
September 1	FASENRA 10 MG/0.5 ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN, SYRINGE	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE, POWDER VIAL	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
July 15	MYQORZO	Blood Pressure/Heart Medications
July 1	MEKTOVI	Cancer
	WAINUA	Miscellaneous
	ZYKADIA	Cancer
June 15	JATENZO	Hormonal Agents
	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	VTAMA	Skin Conditions
	WEGOVY HIGH DOSE	Weight Management
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
	LYNKUET	Miscellaneous
March 1	IMCIVREE	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer

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

Medications that will have a quantity limit.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	MODEYSO	Cancer

Medications that will need Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
June 1	VTAMA	Skin Conditions	Talk with your doctor about other options.
May 1	JORNAY PM	Attention Deficit Hyperactivity Disorder	Talk with your doctor about other options.
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
November 1	BOSULIF 100 MG CAPSULE	Cancer	bosutinib tablet
	BOSULIF TABLET	Cancer	bosutinib tablet
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	dronabinol capsule

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
November 1	JANUMET XR	Diabetes	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	cholestyramine, naltrexone, sertraline, fenofibrate
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	Talk with your doctor about other alternatives.
	DEXLYT	Hormonal Agents	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/Dietary	folic acid tablet
	GLIPIZIDE 15 MG TABLET	DIABETES	glipizide
	LIFYORLI	Cancer	Talk to your doctor about other options.
	QUIOFIC	Nutritional/Dietary	folic acid tablet
	WAINUA SYRINGE	Miscellaneous	Wainua Auto Injector, Amvuttr
	ZOLYMBUS	Eye Conditions	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/Heart Medications	Talk to your doctor about other options.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	lisdexamfetamine chewable tablet, amphetamine er odt
	ASTAGRAF XL	Transplant Medications	tacrolimus xl
	CAFERGOT	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	GRANISOL	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	JANUMET	DIABETES	sitagliptin/metformin
	JANUVIA	DIABETES	sitagliptin
	KYGEVVI	Miscellaneous	Talk to your doctor about other options.
	OPSUMIT	Asthma/COPD/ Respiratory	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	gabapentin

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	methocarbamol tablet
	BRIVIACT ORAL SOLUTION, TABLET	Seizure Disorders	brivaracetam
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	EDURANT	AIDS/HIV	rilpivirine
	LEROCHOL	Cholesterol Medications	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	tapentadol
	OFEV	Asthma/COPD/ Respiratory	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	milnacipran
	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	INCRUSE ELLIPTA
	XELJANZ	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	Talk to your doctor about other options.
	ZYCUBO	Nutritional/Dietary	Talk to your doctor about other options.
July 15	DESMODA	Hormonal Agents	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	INSULIN GLARGINE (CIVICA manu)	Diabetes	INSULIN GLARGINE (Biocon), LANTUS, TRESIBA, TOUJEO
	PIVYA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/Heart Medications	AMLODIPINE TABLET
July 1	ACTEMRA IV[12]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	AUKELSO	Osteoporosis Products	WYOST, BILPREVDA

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BEXIFLOXACIN HCL	Eye Conditions	BESIVANCE
	BOSAYA	Osteoporosis Products	JUBBONTI, BILDYOS
	dexlansoprazole	Gastrointestinal/ Heartburn	lansoprazole
	ENOBY	Osteoporosis Products	JUBBONTI, BILDYOS
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/ Heartburn	lactulose oral solution
	MYDAYIS[13]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine er
	opium tincture[14]	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	POMALYST	Cancer	pomalidomide
	PROLENSA	Eye Conditions	bromfenac eye drops
	PROLIA[14]	Osteoporosis Products	JUBBONTI, BILDYOS
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG VIAL[14]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION[13]	Seizure Disorders	lacosamide oral solution
	XGEVA[12]	Osteoporosis Products	WYOST, BILPREVDA
	XTRENBO	Osteoporosis Products	WYOST, BILPREVDA
	ZORTRESS	Transplant Medications	everolimus
June 1	EXDENSUR	Asthma/COPD/Respiratory	Talk to your doctor about other options.
	FARXIGA	Weight Management	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
	XIGDUO	Weight Management	dapagliflozin/metformin

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine, SAVELLA
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	BEIZRAY	Cancer	docetaxel
	BEIZRAY-ALBUMIN	Cancer	docetaxel
	KEYTRUDA QLEX	Cancer	KEYTRUDA IV
	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 15	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	AVGEMSI	Cancer	generic gemcitabine
	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL[4]	Osteoporosis Products	risedronate
	ADDERALL[5]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ARICEPT	Alzheimer's Disease	donepezil
	AVALIDE[4]	Blood Pressure/ Heart Medications	irbesartan-hctz
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CLARINEX	Allergy/Nasal Sprays	desloratadine
	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO[5]	Attention Deficit Hyperactivity Disorder	amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET[6]	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA[5]	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ[6]	Sleep Disorders	tasimelteon
	HYZAAR[4]	Blood Pressure/ Heart Medications	losartan-hctz
	INVEGA ER TABLET[4]	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	MICARDIS[4]	Blood Pressure/ Heart Medications	telmisartan
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN[5]	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET[5]	Seizure Disorders	clobazam
	PREVACID DR[4]	Gastrointestinal/Heartburn	lansoprazole

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
	PROSCAR	Urinary Tract Conditions	finasteride
	PROTONIX[4]	Gastrointestinal/Heartburn	pantoprazole
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	STELARA 130 MG VIAL[7]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TRIBENZOR	Blood Pressure/ Heart Medications	olmesartan-amlodipine-hctz
	TIKOSYN[5]	Blood Pressure/ Heart Medications	dofetilide
	TYKERB[5]	Cancer	lapatinib
	USTEKINUMAB 130 MG VIAL[7]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	ELIGARD
	VELCADE[7]	Cancer	bortezomib

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

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[12]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	LYMPHIR	Cancer	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
	PROLIA[12]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[12]	Osteoporosis Products	WYOST, BILPREVDA

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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 non-preferred under the Cigna Healthcare medical benefit.* *(cont.)*

Date Change Starts	Medication Name	Drug Class	Preferred medications
April 1	RYBREVANT FASPRO	Cancer	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	ZIRABEV, MVASI
February 15	KYXATA	Cancer	generic carboplatin
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
June 15	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections
	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary
	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary
	mynatal capsule	Nutritional/Dietary

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

Medications that will be covered as Generic. *(cont)*

Date Change Starts	Medication Name	Drug Class
June 15	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs fa tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	sps 30 g/120 ml enema	Nutritional/Dietary
	sulfatrim ped suspension	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tobramycin-lotepred 0.3%-0.5%	Eye Conditions
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	Cancer
April 24	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July 1	pomalidomide	Cancer
May 14	REZZAYO	Infections

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

Medications that will no longer require a Prior Authorization. *(cont)*

Date Change Starts	Medication Name	Drug Class
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
June 15	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
February 1	lenalidomide	Cancer

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Cigna Healthcare Value Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	PENTASA 250 MG CAPSULE	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a non preferred brand (Tier 3).
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory	This medication will: • Be added to the drug list as a generic medication and • Require a quality limit[4].
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)

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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	More Information
June 1	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	HEPCLUDEX	Miscellaneous	3	Talk with your doctor about other options.
October 1	JAKAFI XR	Cancer	3	Talk with your doctor about other options.
August 15	YUVIWEL	Miscellaneous	3	Talk to your doctor about other options.
July 15	MYQORZO	Blood Pressure/ Heart Medications	3	Talk to your doctor about other options.

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	CARDAMYST	Blood Pressure/ Heart Medications	3	Talk to your doctor about other options.
	NARCAN	Substance Use Disorder	3	naloxone
	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk to your doctor about other options.
	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
May 15	HYRNUO	Cancer	3	Talk to your doctor about other options.
	KOMZIFTI	Cancer	3	Talk to your doctor about other options.
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
August 15	YUVIWEL	Miscellaneous
July 15	MYQORZO	Blood Pressure/ Heart Medications
July 1	BRAFTOVI	Cancer
	CARDAMYST	Blood Pressure/Heart Medications

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
July 1	MEKTOVI	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	VOYXACT	Miscellaneous
	WEGOVY HIGH DOSE	Weight Management
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
January 1	liraglutide	Diabetes

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
September 15	IDVYNSO	AIDS/HIV

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

Medications that will have a quantity limit.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN, SYRINGE	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
August 15	MYQORZO	Blood Pressure/Heart Medications
July 1	MEKTOVI	Cancer
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	WEGOVY HIGH DOSE	Weight Management
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

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

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

Medications that will have a quantity limit.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
February 1	HERNEXEOS	Cancer
	MODEYSO	Cancer
January 23	ZURNAI	Substance Abuse

Medications that will need Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	GEMTESA	Urinary Tract Conditions	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
November 1	BOSULIF 100 MG CAPSULE	Cancer	bosutinib tablet
	BOSULIF TABLET	Cancer	bosutinib tablet
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	dronabinol capsule
	JANUMET XR	Diabetes	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	cholestyramine, naltrexone, sertraline, fenofibrate

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	Talk with your doctor about other alternatives.
	DEXLYT	Hormonal Agents	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/Dietary	folic acid tablet
	GLIPIZIDE 15 MG TABLET	DIABETES	glipizide
	LIFYORLI	Cancer	Talk to your doctor about other options.
	QUIOFIC	Nutritional/Dietary	folic acid tablet
	ZOLYMBUS	Eye Conditions	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/Heart Medications	Talk to your doctor about other options.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	lisdexamfetamine chewable tablet, amphetamine er odt
	ASTAGRAF XL	Transplant Medications	tacrolimus xl
	CAFERGOT	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	GRANISOL	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	JANUMET	DIABETES	sitagliptin/metformin
	JANUVIA	DIABETES	sitagliptin
	KYGEVVI	Miscellaneous	Talk to your doctor about other options.
	OPSUMIT	Asthma/COPD/ Respiratory	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	gabapentin
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	methocarbamol tablet
	BRIVIACT ORAL SOLUTION, TABLET	Seizure Disorders	brivaracetam

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
August 1	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	EDURANT	AIDS/HIV	rilpivirine
	LEROCHOL	Cholesterol Medications	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	tapentadol
	OFEV	Asthma/COPD/ Respiratory	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	milnacipran
	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	INCRUSE ELLIPTA
	XELJANZ	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	Talk to your doctor about other options.
	ZYCUBO	Nutritional/Dietary	Talk to your doctor about other options.
July 15	DESMODA	Hormonal Agents	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	PIVYA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/ Heart Medications	amlodipine tablet
July 1	ACTEMRA SQ[12]	Pain Relief and Inflammatory Disease	AVTOZMA*, TYENNE*
	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BEXIFLOXACIN HCL	Eye Conditions	besivance
	CYLTEZO[12]	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADBM*, ADALIMUMAB-ADBM* (by Quallent), ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HUMIRA[12]	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADBM*, ADALIMUMAB-ADBM* (by Quallent), ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/ Heartburn	lactulose oral solution
	opium tincture[12]	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	POMALYST	Cancer	pomalidomide
	PROLENSA	Eye Conditions	bromfenac eye drops
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG, 90 MG SYRINGE[12]	Pain Relief and Inflammatory Disease	SELARSDI*, USTEKINUMAB-TTWE*, YESINTEK*
	STELARA 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	SELARSDI*, USTEKINUMAB-TTWE*, YESINTEK*
	VIMPAT ORAL SOLUTION[13]	Seizure Disorders	lacosamide oral solution
	ZORTRESS	Transplant Medications	everolimus
June 15	ZYLET	Eye Conditions	Talk to your doctor about other options.
June 1	FARXIGA	Weight Management	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
	XIGDUO	Weight Management	dapagliflozin/metformin
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
May 15	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	LYNKUET	Miscellaneous	estradiol tablet, gel, patch; paroxetine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 1	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	ANZUPGO	Skin Conditions	topical generic corticosteroids
	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL[4]	Osteoporosis Products	risedronate
	ADDERALL[5]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	EVEKEO[5]	Attention Deficit Hyperactivity Disorder	amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET[6]	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA[5]	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ[6]	Sleep Disorders	tasimelteon
	INVEGA ER TABLET[4]	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN[5]	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET[5]	Seizure Disorders	clobazam
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TIKOSYN[5]	Blood Pressure/ Heart Medications	dofetilide
	TYKERB[5]	Cancer	lapatinib

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

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

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[15]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA[15]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[15]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[15]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[15]	Osteoporosis Products	WYOST, BILPREVDA
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
June 15	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections
	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary

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

Medications that will be covered as Generic. *(cont.)*

Date Change Starts	Medication Name	Drug Class
June 15	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary
	mynatal capsule	Nutritional/Dietary
	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs fa tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	sps 30 g/120 ml enema	Nutritional/Dietary
	sulfatrim ped suspension	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	Cancer

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 require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July 1	pomalidomide	Cancer
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
June 15	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
February 1	lenalidomide	Cancer

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.

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	PENTASA 250 MG CAPSULE	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a non preferred brand (Tier 3).
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory	This medication will: • Be added to the drug list as a generic medication and • Require a quality limit[4].
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	More Information
June 1	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 3)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	BILDYOS	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	BILPREVDA	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	IMCIVREE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
February 15	AVTOZMA	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

Medications that will be covered on a higher tier.

These medications may cost you more to fill. There are lower-cost medications on your drug list that treat the same conditions. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	HEPCLUDEX	Miscellaneous	3	Talk with your doctor about other options.
October 1	JAKAFI XR	Cancer	3	Talk with your doctor about other options.
August 15	YUVIWEL	Miscellaneous	3	Talk to your doctor about other options.
July 15	MYQORZO	Blood Pressure/ Heart Medications	3	Talk with your doctor about other options.
July 1	CARDAMYST	Blood Pressure/ Heart Medications	3	Talk with your doctor about other options.
	NARCAN	Substance Use Disorder	3	naloxone
July 1	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	LYMPHIR	Cancer	3	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
May 15	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	3	ZIRABEV, MVASI
February 15	KYXATA	Cancer	3	generic carboplatin
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 1	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

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

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
August 15	YUVIWEL	Miscellaneous
July 15	MYQORZO	Blood Pressure/Heart Medications
July 1	BRAFTOVI	Cancer
	CARDAMYST	Blood Pressure/Heart Medications
	MEKTOVI	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	LYMPHIR	Cancer
	MINIMED INSTRINCT SENSOR	Diabetes
	VOYXACT	Miscellaneous
	WEGOVY HIGH DOSE	Weight Management
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
	RYBREVANT FASPRO	Cancer
March 1	BILDYOS	Osteoporosis Products
	BILPREVDA	Osteoporosis Products
	IMCIVREE	Weight Management
	JOBEVNE	Cancer

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 (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	AVTOZMA	Pain Relief and Inflammatory Disease
	KYXATA	Cancer
February 1	HERNEXEOS	Cancer
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
January 1	liraglutide	Diabetes

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
September 15	IDVYNSO	AIDS/HIV
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN, SYRINGE	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE, POWDER VIAL	Asthma/COPD/Respiratory

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.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
September 1	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
July 15	MYQORZO	Blood Pressure/Heart Medications
July 1	MEKTOVI	Cancer
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	WEGOVY HIGH DOSE	Weight Management
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
March 1	IMCIVREE	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	MODEYSO	Cancer

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 Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	GEMTESA	Urinary Tract Conditions	mirabegron, solifenacin, darifenacin, tolterodine, fesoterodine, oxybutynin, trospium
	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
November 1	BOSULIF 100 MG CAPSULE	Cancer	bosutinib tablet
	BOSULIF TABLET	Cancer	bosutinib tablet
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	dronabinol capsule
	JANUMET XR	Diabetes	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	cholestyramine, naltrexone, sertraline, fenofibrate
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	Talk with your doctor about other alternatives.
	DEXLYT	Hormonal Agents	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	atomoxetine capsule

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
October 1	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/Dietary	folic acid tablet
	GLIPIZIDE 15 MG TABLET	DIABETES	glipizide
	LIFYORLI	Cancer	Talk to your doctor about other options.
	QUIOFIC	Nutritional/Dietary	folic acid tablet
	WAINUA SYRINGE	Miscellaneous	Amvuttra
	ZOLYMBUS	Eye Conditions	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/Heart Medications	Talk to your doctor about other options.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	lisdexamfetamine chewable tablet, amphetamine er odt
	ASTAGRAF XL	Transplant Medications	tacrolimus xl
	CAFERGOT	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	GRANISOL	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	JANUMET	DIABETES	sitagliptin/metformin
	JANUVIA	DIABETES	sitagliptin
	KYGEVVI	Miscellaneous	Talk to your doctor about other options.
	OPSUMIT	Asthma/COPD/ Respiratory	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	gabapentin
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	methocarbamol tablet
	BRIVIACT ORAL SOLUTION, TABLET	Seizure Disorders	brivaracetam
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	EDURANT	AIDS/HIV	rilpivirine
	LEROCHOL	Cholesterol Medications	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	tapentadol
	OFEV	Asthma/COPD/ Respiratory	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	milnacipran

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
August 1	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	INCRUSE ELLIPTA
	XELJANZ	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	Talk to your doctor about other options.
	ZYCUBO	Nutritional/Dietary	Talk to your doctor about other options.
July 15	DESMODA	Hormonal Agents	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	PIVYA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/ Heart Medications	amlodipine tablet
July 1	ACTEMRA IV[12]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	ACTEMRA SQ[13]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE
	ACZONE 7.5% GEL PUMP	Skin Conditions	dapsone 7.5% gel pump
	AUKELSO	Osteoporosis Products	WYOST, BILPREVDA
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BEXIFLOXACIN HCL	Eye Conditions	BESIVANCE
	BOSAYA	Osteoporosis Products	JUBBONTI, BILDYOS
	CYLTEZO[13]	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADBM, ADALIMUMAB-ADBM (by Quallent), ADALIMUMAB-RYVK* (by Quallent), SIMLANDI
	ENOBY	Osteoporosis Products	JUBBONTI, BILDYOS
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HUMIRA[13]	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADBM, ADALIMUMAB-ADBM (by Quallent), ADALIMUMAB-RYVK (by Quallent), SIMLANDI

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/ Heartburn	lactulose oral solution
	opium tincture[13]	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	POMALYST	Cancer	pomalidomide
	PROLENSA	Eye Conditions	bromfenac eye drops
	PROLIA[13]	Osteoporosis Products	JUBBONTI, BILDYOS
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG, 90 MG SYRINGE[13]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STELARA 45 MG VIAL[13]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION[14]	Seizure Disorders	lacosamide oral solution
	XGEVA[12]	Osteoporosis Products	WYOST, BILPREVDA
	XTRENBO	Osteoporosis Products	WYOST, BILPREVDA
	ZORTRESS	Transplant Medications	everolimus
June 15	ZYLET	Eye Conditions	Talk to your doctor about other options.
June 1	EXDENSUR	Asthma/COPD/Respiratory	Talk to your doctor about other options.
	FARXIGA	Weight Management	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
	XIGDUO	Weight Management	dapagliflozin/metformin
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
May 15	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	LYNKUET	Miscellaneous	estradiol tablet, gel, patch; paroxetine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	BEIZRAY	Cancer	docetaxel
	BEIZRAY-ALBUMIN	Cancer	docetaxel
	KEYTRUDA QLEX	Cancer	KEYTRUDA IV
	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	ANZUPGO	Skin Conditions	topical generic corticosteroids
	AVGEMSI	Cancer	generic gemcitabine
	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL[4]	Osteoporosis Products	risedronate
	ADDERALL[5]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	ivabradine tablet

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Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January I	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO[5]	Attention Deficit Hyperactivity Disorder	amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET[6]	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA[5]	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ[6]	Sleep Disorders	tasimelteon
	INVEGA ER TABLET[4]	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN[5]	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET[5]	Seizure Disorders	clobazam
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	STELARA 130 MG VIAL[7]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TIKOSYN[5]	Blood Pressure/ Heart Medications	dofetilide
	TYKERB[5]	Cancer	lapatinib
	USTEKINUMAB 130 MG VIAL[7]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	ELIGARD
	VELCADE[7]	Cancer	bortezomib

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 non-preferred under the Cigna Healthcare medical benefit.*

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[12]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA[12]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[12]	Osteoporosis Products	WYOST, BILPREVDA
June 1	LYMPHIR	Cancer	Talk with your doctor about other options.
April 1	RYBREVANT FASPRO	Cancer	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
March 1	JOBEVNE	Cancer	ZIRABEV, MVASI
February 15	KYXATA	Cancer	generic carboplatin
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
June 15	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections

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

Medications that will be covered as Generic. *(cont.)*

Date Change Starts	Medication Name	Drug Class
June 15	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary
	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary
	mynatal capsule	Nutritional/Dietary
	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs fa tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	sps 30 g/120 ml enema	Nutritional/Dietary
	sulfatrim ped suspension	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	Cancer
April 24	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July	pomalidomide	Cancer

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

Medications that will no longer require a Prior Authorization. *(cont.)*

Date Change Starts	Medication Name	Drug Class
May 14	REZZAYO	Infections
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
June 15	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
February 1	lenalidomide	Cancer

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Cigna Healthcare Legacy (Standard) Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)

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

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	More Information
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy[2]
	FREESTYLE TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	3	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	3	dronabinol capsule
	HEPCLUDEX	Miscellaneous	3	Talk to your doctor about alternatives.
	JANUMET XR	Diabetes	2	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	3	cholestyramine, naltrexone, sertraline, fenofibrate
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	3	Talk to your doctor about alternatives.
	DEXLYT	Hormonal Agents	3	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	3	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	3	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	3	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	3	atomoxetine capsule
	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/ Dietary	3	folic acid tablet
	GLIPIZIDE 15 MG TABLET	Diabetes	3	glipizide
	JAKAFI XR	Cancer	3	Talk with your doctor about other options.
	LIFYORLI	Cancer	3	Talk with your doctor about other options.
	QUIOFIC	Nutritional/ Dietary	3	folic acid tablet
	ZOLYMBUS	Eye Conditions	3	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/Heart Medications	3	Talk to your doctor about alternatives.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	3	lisdexamfetamine chewable tablet, amphetamine er odt
	JANUMET	Diabetes	2	sitagliptin/metformin
	JANUVIA	Diabetes	2	sitagliptin
	KYGEVVI	Miscellaneous	3	Talk with your doctor about other options.

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
August 15	OPSUMIT	Asthma/COPD/ Respiratory	2	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	3	gabapentin
	YUVIWEL	Miscellaneous	3	Talk with your doctor about other options.
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	3	methocarbamol tablet
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	3	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	LEROCHOL	Cholesterol Medications	3	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	2	tapentadol
	OFEV	Asthma/COPD/ Respiratory	2	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	2	milnacipran
	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	3	INCRUSE ELLIPTA
	XELJANZ	Pain Relief and Inflammatory Disease	2	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	2	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	3	Talk with your doctor about other options.
	ZYCUBO	Nutritional/Dietary	3	Talk with your doctor about other options.
July 15	DESMODA	Hormonal Agents	3	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	3	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	MYQORZO	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	PIVYA	Infections	3	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/Heart Medications	3	amlodipine tablet

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	BEXIFLOXACIN HCL	Eye Conditions	3	BESIVANCE
	CARDAMYST	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	HYSINGLA ER	Pain Relief and Inflammatory Disease	3	hydrocodone er
	NARCAN	Substance Use Disorder	3	naloxone
	POMALYST	Cancer	2	pomalidomide
	STELARA 45 MG VIAL[3]	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er
	VIMPAT ORAL SOLUTION[12]	Seizure Disorders	3	lacosamide oral solution
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	FARXIGA	Weight Management	2	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	3	levetiracetam tablet, solution
	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
	REDEMPLO	Cholesterol Medications	3	TRYNGOLZA
	XIGDUO	Weight Management	2	dapagliflozin/metformin
May 15	FORZINITY	Miscellaneous	3	Talk with your doctor about other options.
	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	3	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	3	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	3	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	3	tizanidine tablet

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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 or be non-preferred. *(cont.)*

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
May 15	ZYBIC	Pain Relief and Inflammatory Disease	3	ibuprofen suspension
May 1	BYNFEZIA	Parkinson's Disease	3	octreotide
	JAVADIN	Parkinson's Disease	3	clonidine tablet
	PAZOPANIB 400 MG TABLET	Parkinson's Disease	3	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease	3	lamotrigine tablet, odt, dispersable tablet
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	3	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	FYCOMPA SUSPENSION	Seizure Disorders	2	perampanel
	GLEOSTINE	Cancer	2	lomustine
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
	PREMARIN	Hormonal Agents	2	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	3	pregabalin, duloxetine, SAVELLA
	VYSCOXA	Pain Relief and Inflammatory Disease	3	celecoxib capsule
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
	PALSONIFY	Hormonal Agents	3	Talk with your doctor about other options.
March 15	BLUJEPA	Infections	3	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	3	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	3	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	3	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	3	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	3	generic SSRIs, SNRIs
	PHYRAGO	Cancer	3	dasatinib

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
March 1	DAWNZERA	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 1	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	2	ivabradine tablet
	NEXIUM 2.5 MG, 5 MG PACKET*	Gastrointestinal/ Heartburn	2	esomeprazole
	ONE TOUCH TEST STRIP*	Diabetes	3	FREESTYLE, TRUE METRIX TEST STRIP

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	BOSULIF 100 MG CAPSULE	Cancer
	BOSULIF TABLET	Cancer
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/Bipolar Disorder
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn
	HEPCLUDEX	Miscellaneous
	JANUMET XR	Diabetes
	LYNAVOY	Gastrointestinal Heartburn
October 15	DEXLYT	Hormonal Agents

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
October 15	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder
	NEREUS	Gastrointestinal Heartburn
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder
	ATONCY	Attention Deficit Hyperactivity Disorder
	JAKAFI XR	Cancer
	LIFYORLI	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
	ZOLYMBUS	Eye Conditions
	WAINUA SYRINGE	Miscellaneous
September 15	WIDAPLIK	Blood Pressure/Heart Medications
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder
	ASTAGRAF XL	Transplant Medications
	CAFERGOT	Pain Relief and Inflammatory Disease
	GRANISOL	Gastrointestinal/Heartburn
	JANUMET	Diabetes
	JANUVIA	Diabetes
	KYGEVVI	Miscellaneous
	RELGAABI 200 MG CAPSULE	Seizure Disorders
	YUVIWEL	Miscellaneous
August 1	ATMEKSI	Pain Relief and Inflammatory Disease
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications
	LEROCHOL	Cholesterol Medications
	UMECLIDINIUM ELLIPTA	Asthma/COPD/Respiratory
	YUVEZZI	Eye Conditions
	ZYCUBO	Nutritional/Dietary
July 15	DESMODA	Hormonal Agents
	HALOBETASOL PROPIONATE	Skin Conditions
	MYQORZO	Blood Pressure/Heart Medications
	PIVYA	Infections
	SDAMLO	Blood Pressure/Heart Medications
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions
	azelastine-fluticasone spray	Allergy/Nasal Sprays
	BEXIFLOXACIN HCL	Eye Conditions
	CARDAMYST	Blood Pressure/Heart Medications

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
July 1	FEXMID	Pain Relief and Inflammatory Disease
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease
	lactulose 20 gm packet	Gastrointestinal/Heartburn
	penciclovir 1% cream	Skin Conditions
	PROLENSA	Eye Conditions
	PURIXAN	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	VIMPAT ORAL SOLUTION[12]	Seizure Disorders
	ZORTRESS	Transplant Medications
June 15	OZEMPIC TABLET	Weight Management
	ZYLET	Eye Conditions
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	FARXIGA	Weight Management
	ICOTYDE	Pain Relief and Inflammatory Disease
	LEVETIRACETAM	Seizure Disorders
	MINIMED INSTRINCT SENSOR	Diabetes
	REDEMPLO	Cholesterol Medications
	XIGDUO	Weight Management
	VOYXACT	Miscellaneous
	WEGOVY HIGH DOSE	Weight Management
May 15	FORZINITY	Miscellaneous
	HYRNUO	Cancer
	KOMZIFTI	Cancer
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications
	OMLONTI	Eye Conditions
	ONTRALFY	Pain Relief and Inflammatory Disease
	ORUDIS	Pain Relief and Inflammatory Disease
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease
	ZYBIC	Pain Relief and Inflammatory Disease
May 1	BYNFEZIA	Parkinson's Disease
	JAVADIN	Parkinson's Disease
	PAZOPANIB 400 MG TABLET	Parkinson's Disease
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	FYCOMPA SUSPENSION	Seizure Disorders
	GLEOSTINE	Cancer
	JASCAYD	Asthma/COPD/Respiratory
	PREMARIN	Hormonal Agents
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	INLURIYO	Cancer
	PALSONIFY	Hormonal Agents
March 15	BLUJEPA	Infections
	BREKIYA	Pain Relief and Inflammatory Disease
	ECONAZOLE 1% FOAM	Skin Conditions
	ENBUMYST	Diuretics
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	EXXUA	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
March 1	DAWNZERA	Blood Pressure/Heart Medications
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	BRINSUPRI	Substance Abuse
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
	ORLYNVAH	Infections
January 15	ANZUPGO	Skin Conditions
	EKTERLY	Blood Pressure/Heart Medications
	HARLIKU	Miscellaneous
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	SEPHIENCE	Miscellaneous

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
January 1	ACTIVELLA	Hormonal Agents
	ACTONEL[7]	Osteoporosis Products
	ANDEMBRY	Miscellaneous
	ARAVA	Pain Relief and Inflammatory Disease
	ARICEPT	Alzheimer's Disease
	AVALIDE[5]	Blood Pressure/Heart Medications
	CARDURA	Blood Pressure/Heart Medications
	CATAPRES-TTS	Blood Pressure/Heart Medications
	CLARINEX	Allergy/Nasal Sprays
	DALIRESP	Asthma/COPD/Respiratory
	EFFIENT	Blood Thinners/Anti-Clotting
	EVISTA	Osteoporosis Products
	FETZIMA[5]	Anxiety/Depression/Bipolar Disorder
	HYZAAR[5]	Blood Pressure/Heart Medications
	INVEGA ER TABLET[7]	Schizophrenia/Anti-Psychotics
	liraglutide	Diabetes
	LOVENOX	Blood Thinners/Anti-Clotting
	MICARDIS[5]	Blood Pressure/Heart Medications
	NAMENDA	Alzheimer's Disease
	NAMENDA XR	Alzheimer's Disease
	NAMZARIC	Alzheimer's Disease
	PREVACID DR[5]	Gastrointestinal/Heartburn
	PROSCAR	Urinary Tract Conditions
	PROTONIX[5]	Gastrointestinal/Heartburn
	RAPAFLO	Urinary Tract Conditions
	TRIBENZOR	Blood Pressure/Heart Medications

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

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
	LYNAVOY	Gastrointestinal Heartburn
October 15	BYSANTI	Schizophrenia/Anti-Psychotics
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder
	NEREUS	Gastrointestinal Heartburn
October 1	JAKAFI XR	Cancer
	ZOLYMBUS	Eye Conditions
September 15	IDVYNSO	AIDS/HIV
	WIDAPLIK	Blood Pressure/Heart Medications
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN, SYRINGE	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
August 1	ATMEKSI	Pain Relief and Inflammatory Disease
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications
	UMECLIDINIUM ELLIPTA	Asthma/COPD/Respiratory
	ZYCUBO	Nutritional/Dietary
June 15	MYQORZO	Blood Pressure/Heart Medications
	PIVYA	Infections

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

Medications that will have a quantity limit.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
June 15	SDAMLO	Blood Pressure/Heart Medications
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	REDEMPLO	Cholesterol Medications
	WEGOVY HIGH DOSE	Weight Management
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
	OZEMPIC TABLET	Weight Management
May 1	PAZOPANIB 400 MG TABLET	Parkinson's Disease
April 15	AURANOFIN	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
	LYNKUET	Miscellaneous
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	INLURIYO	Cancer
	PALSONIFY	Hormonal Agents
March 15	BREKIYA	Pain Relief and Inflammatory Disease
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
March 1	DAWNZERA	Blood Pressure/Heart Medications
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	BRINSUPRI	Substance Abuse
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	EKTERLY	Blood Pressure/Heart Medications
	MODEYSO	Cancer

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

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

Medications that will need Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

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

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[I5]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA[I5]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[I5]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[I5]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[I5]	Osteoporosis Products	WYOST, BILPREVDA
March 1	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
February 1	BRYNOVIN	Diabetes	JANUVIA
	HERNEXEOS	Cancer	Talk with your doctor about other options.
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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

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

Medications that will be non-preferred under the Cigna Healthcare medical benefit.* *(cont.)*

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 15	EKTERLY	Blood Pressure/ Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	MODEYSO	Cancer	Talk with your doctor about other options.
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	Cancer

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
	MERILOG PEN, VIAL	Diabetes
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July 1	pomalidomide	Cancer
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
May 1	GEMTESA	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 *(cont.)*

Medications that will no longer require a Prior Authorization. *(cont.)*

Date Change Starts	Medication Name	Drug Class
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

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

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
June 1	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections
	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary
	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary
	mynatal capsule	Nutritional/Dietary
	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs fa tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	prudoxin 5% cream	Skin Conditions
	sps 30 g/120 ml enema	Nutritional/Dietary
	sulfatrim ped suspension	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
November 1	JANUMET XR	Diabetes
October 1	PENTASA 250 MG CAPSULE	Gastrointestinal/Heartburn
August 15	JANUMET	Diabetes
	JANUVIA	Diabetes
June 15	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	FARXIGA	Weight Management
	XIGDUO	Weight Management
February 1	lenalidomide	Cancer

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Cigna Healthcare Legacy (Performance) Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	VTAMA	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	More Information
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	IMULDOSA 130 MG VIAL (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 3)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
April 1	AUVI-Q	Allergy/Nasal Sprays	This product will be added to the drug list as a preferred brand (Tier 2)
	ODEFSEY	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	BILDYOS	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	BILPREVDA	Osteoporosis Products	This product will be added to the drug list as a preferred brand (Tier 2)
	IMCIVREE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
February 15	AVTOZMA	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	ANZUPGO	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% CREAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
	ZORYVE 0.3% FOAM	Skin Conditions	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy[2]
	FREESTYLE TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	More Information
January 1	TRUE METRIX TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	3	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	3	dronabinol capsule
	HEPCLUDEX	Miscellaneous	3	Talk to your doctor about alternatives.
	JANUMET XR	Diabetes	2	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	3	cholestyramine, naltrexone, sertraline, fenofibrate
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	3	Talk to your doctor about alternatives.
	DEXLYT	Hormonal Agents	3	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	3	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	3	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	3	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	3	atomoxetine capsule

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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 or be non-preferred. *(cont.)*

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
October 1	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/ Dietary	3	folic acid tablet
	GLIPIZIDE 15 MG TABLET	Diabetes	3	glipizide
	JAKAFI XR	Cancer	3	Talk with your doctor about other options.
	LIFYORLI	Cancer	3	Talk with your doctor about other options.
	QUIOFIC	Nutritional/ Dietary	3	folic acid tablet
	WAINUA SYRINGE	Miscellaneous	3	Wainua Auto Injector, Amvuttra
	ZOLYMBUS	Eye Conditions	3	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	3	lisdexamfetamine chewable tablet, amphetamine er odt
	JANUMET	Diabetes	2	sitagliptin/metformin
	JANUVIA	Diabetes	2	sitagliptin
	KYGEVVI	Miscellaneous	3	Talk with your doctor about other options.
	OPSUMIT	Asthma/COPD/ Respiratory	2	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	3	gabapentin
	YUVIWEL	Miscellaneous	3	Talk with your doctor about other options.
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	3	methocarbamol tablet
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	3	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	LEROCHOL	Cholesterol Medications	3	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	2	tapentadol
	OFEV	Asthma/COPD/ Respiratory	2	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	2	milnacipran
	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	3	INCRUSE ELLIPTA

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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 or be non-preferred. *(cont.)*

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
August 1	XELJANZ	Pain Relief and Inflammatory Disease	2	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	2	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	3	Talk with your doctor about other options.
	ZYCUBO	Nutritional/Dietary	3	Talk with your doctor about other options.
July 15	DESMODA	Hormonal Agents	3	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	3	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	MYQORZO	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	PIVYA	Infections	3	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/Heart Medications	3	amlodipine tablet
	VYBRIQUE	Erectile Dysfuntion	3	sildenafil, tadalafil, vardenafil, avanafil
July 1	ACTEMRA IV[3]	Pain Relief and Inflammatory Disease	3	AVTOZMA, TYENNE IV
	AUKELSO	Osteoporosis Products	3	WYOST, BILPREVDA
	BEXIFLOXACIN HCL	Eye Conditions	3	BESIVANCE
	BOSAYA	Osteoporosis Products	3	JUBBONTI, BILDYOS
	CARDAMYST	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	ENOBY	Osteoporosis Products	3	JUBBONTI, BILDYOS
	HYSINGLA ER	Pain Relief and Inflammatory Disease	3	hydrocodone er
	NARCAN	Substance Use Disorder	3	naloxone
	POMALYST	Cancer	2	pomalidomide
	STELARA 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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 or be non-preferred. *(cont.)*

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
July 1	VIMPAT ORAL SOLUTION[13]	Seizure Disorders	3	lacosamide oral solution
	XTRENBO	Osteoporosis Products	3	WYOST, BILPREVDA
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
	FARXIGA	Weight Management	2	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	3	levetiracetam tablet, solution
	LYMPHIR	Cancer	3	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS
	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
	REDEMPLO	Cholesterol Medications	3	TRYNGOLZA
	XIGDUO	Weight Management	2	dapagliflozin/metformin
May 15	FORZINITY	Miscellaneous	3	Talk with your doctor about other options.
	HYRNUO	Cancer	3	Talk with your doctor about other options.
	KOMZIFTI	Cancer	3	Talk with your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	3	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	3	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	3	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	3	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	3	ibuprofen suspension
May 1	BYNFEZIA	Parkinson's Disease	3	octreotide
	JAVADIN	Parkinson's Disease	3	clonidine tablet
	PAZOPANIB 400 MG TABLET	Parkinson's Disease	3	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease	3	lamotrigine tablet, odt, dispersable tablet

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	3	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
	FYCOMPA SUSPENSION	Seizure Disorders	2	perampanel
	GLEOSTINE	Cancer	2	lomustine
	LYNKUET	Miscellaneous	3	estradiol tablet, gel, patch; paroxetine
	PREMARIN	Hormonal Agents	2	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	3	pregabalin, duloxetine, SAVELLA
	VYSCOXA	Pain Relief and Inflammatory Disease	3	celecoxib capsule
April 1	BEIZRAY	Cancer	3	docetaxel
	BEIZRAY-ALBUMIN	Cancer	3	docetaxel
	INLURIYO	Cancer	3	Talk with your doctor about other options.
	KEYTRUDA QLEX	Cancer	3	KEYTRUDA IV
	PALSONIFY	Hormonal Agents	3	Talk with your doctor about other options.
March 15	BLUJEPA	Infections	3	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	3	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	3	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	3	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	3	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	3	generic SSRIs, SNRIs
	PHYRAGO	Cancer	3	dasatinib
March 1	DAWNZERA	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	JOBEVNE	Cancer	3	ZIRABEV, MVASI
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Starting January 1, this medication will also need approval (prior authorization) from Cigna Healthcare to be covered. Not all plans require prior authorization. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
March 1	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Modifiers/ Bleeding Disorders	3	Talk with your doctor about other options.
February 15	KYXATA	Cancer	3	generic carboplatin
January 23	ZURNAI	Substance Abuse	3	generic naloxone
January 15	AVGEMSI	Cancer	3	generic gemcitabine
	BRINSUPRI	Substance Abuse	3	Talk with your doctor about other options.
January 1	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	2	ivabradine tablet
	NEXIUM 2.5 MG, 5 MG PACKET*	Gastrointestinal/ Heartburn	2	esomeprazole
	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER
	ONE TOUCH TEST STRIP*	Diabetes	3	FREESTYLE, TRUE METRIX TEST STRIP
	STELARA 130 MG VIAL[7]	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[7]	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	3	ELIGARD
	VELCADE[7]	Cancer	2	bortezomib

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	BOSULIF 100 MG CAPSULE	Cancer
	BOSULIF TABLET	Cancer
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/Bipolar Disorder

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
November 1	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn
	HEPCLUDEX	Miscellaneous
	JANUMET XR	Diabetes
	LYNAVOY	Gastrointestinal Heartburn
October 15	DEXLYT	Hormonal Agents
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder
	NEREUS	Gastrointestinal Heartburn
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder
	ATONCY	Attention Deficit Hyperactivity Disorder
	JAKAFI XR	Cancer
	LIFYORLI	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
	WAINUA SYRINGE	Miscellaneous
	ZOLYMBUS	Eye Conditions
September 15	WIDAPLIK	Blood Pressure/Heart Medications
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder
	ASTAGRAF XL	Transplant Medications
	CAFERGOT	Pain Relief and Inflammatory Disease
	GRANISOL	Gastrointestinal/Heartburn
	JANUMET	Diabetes
	JANUVIA	Diabetes
	KYGEVVI	Miscellaneous
	RELGAABI 200 MG CAPSULE	Seizure Disorders
	YUVIWEL	Miscellaneous
August 1	ATMEKSI	Pain Relief and Inflammatory Disease
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications
	LEROCHOL	Cholesterol Medications
	UMECLIDINIUM ELLIPTA	Asthma/COPD/Respiratory
	YUVEZZI	Eye Conditions
	ZYCUBO	Nutritional/Dietary
July 15	DESMODA	Hormonal Agents
	HALOBETASOL PROPIONATE	Skin Conditions
	MYQORZO	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 (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
July 15	PIVYA	Infections
	SDAMLO	Blood Pressure/Heart Medications
	VYBRIQUE	Erectile Dysfunction
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions
	AUKELSO	Osteoporosis Products
	azelastine-fluticasone spray	Allergy/Nasal Sprays
	BEXIFLOXACIN HCL	Eye Conditions
	BOSAYA	Osteoporosis Products
	CARDAMYST	Blood Pressure/Heart Medications
	ENOBY	Osteoporosis Products
	FEXMID	Pain Relief and Inflammatory Disease
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease
	lactulose 20 gm packet	Gastrointestinal/Heartburn
	penciclovir 1% cream	Skin Conditions
	PROLENSA	Eye Conditions
	PURIXAN	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	VIMPAT ORAL SOLUTION[4]	Seizure Disorders
	XTRENBO	Osteoporosis Products
	ZORTRESS	Transplant Medications
June 15	OZEMPIC TABLET	Weight Management
	ZYLET	Eye Conditions
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	FARXIGA	Weight Management
	ICOTYDE	Pain Relief and Inflammatory Disease
	LEVETIRACETAM	Seizure Disorders
	LYMPHIR	Cancer
	MINIMED INSTRINCT SENSOR	Diabetes
	REDEMPLO	Cholesterol Medications
	VOYXACT	Miscellaneous
	XIGDUO	Weight Management
	WEGOVY HIGH DOSE	Weight Management

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 (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
May 15	FORZINITY	Miscellaneous
	HYRNUO	Cancer
	KOMZIFTI	Cancer
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications
	OMLONTI	Eye Conditions
	ONTRALFY	Pain Relief and Inflammatory Disease
	ORUDIS	Pain Relief and Inflammatory Disease
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease
	ZYBIC	Pain Relief and Inflammatory Disease
May 1	BYNFEZIA	Parkinson's Disease
	JAVADIN	Parkinson's Disease
	PAZOPANIB 400 MG TABLET	Parkinson's Disease
	SUBVENITE 10 MG/ML SUSPENSION	Parkinson's Disease
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	FYCOMPA SUSPENSION	Seizure Disorders
	GLEOSTINE	Cancer
	JASCAYD	Asthma/COPD/Respiratory
	PREMARIN	Hormonal Agents
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	BEIZRAY	Cancer
	BEIZRAY-ALBUMIN	Cancer
	INLURIYO	Cancer
	KEYTRUDA QLEX	Cancer
	PALSONIFY	Hormonal Agents
	RYBREVANT FASPRO	Cancer
March 15	BLUJEPA	Infections
	BREKIYA	Pain Relief and Inflammatory Disease
	ECONAZOLE 1% FOAM	Skin Conditions
	ENBUMYST	Diuretics
	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	EXXUA	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	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 (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
March 1	BILDYOS	Osteoporosis Products
	BILPREVDA	Osteoporosis Products
	DAWNZERA	Blood Pressure/Heart Medications
	IMCIVREE	Weight Management
	JOBEVNE	Cancer
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	AVTOZMA	Pain Relief and Inflammatory Disease
	BRINSUPRI	Substance Abuse
	KYXATA	Cancer
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
	ORLYNVAH	Infections
January 15	ANZUPGO	Skin Conditions
	AVGEMSI	Cancer
	EKTERLY	Blood Pressure/Heart Medications
	HARLIKU	Miscellaneous
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
	SEPHIENCE	Miscellaneous
January 1	ACTIVELLA	Hormonal Agents
	ACTONEL[7]	Osteoporosis Products
	ANDEMBRY	Miscellaneous
	ARAVA	Pain Relief and Inflammatory Disease
	ARICEPT	Alzheimer's Disease
	AVALIDE[5]	Blood Pressure/Heart Medications
	CARDURA	Blood Pressure/Heart Medications
	CATAPRES-TTS	Blood Pressure/Heart Medications
	CLARINEX	Allergy/Nasal Sprays
	DALIRESP	Asthma/COPD/Respiratory

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 (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
January 1	EFFIENT	Blood Thinners/Anti-Clotting
	EVISTA	Osteoporosis Products
	FETZIMA[5]	Anxiety/Depression/Bipolar Disorder
	HYZAAR[5]	Blood Pressure/Heart Medications
	INVEGA ER TABLET[7]	Schizophrenia/Anti-Psychotics
	liraglutide	Diabetes
	LOVENOX	Blood Thinners/Anti-Clotting
	MICARDIS[5]	Blood Pressure/Heart Medications
	NAMENDA	Alzheimer's Disease
	NAMENDA XR	Alzheimer's Disease
	NAMZARIC	Alzheimer's Disease
	PREVACID DR[5]	Gastrointestinal/Heartburn
	PROSCAR	Urinary Tract Conditions
	PROTONIX[5]	Gastrointestinal/Heartburn
	RAPAFLO	Urinary Tract Conditions
	TRIBENZOR	Blood Pressure/Heart Medications
	VABRINTY	Cancer

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
	LYNAVOY	Gastrointestinal Heartburn
October 15	BYSANTI	Schizophrenia/Anti-Psychotics
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder
	NEREUS	Gastrointestinal Heartburn
October 1	JAKAFI XR	Cancer
	ZOLYMBUS	Eye Conditions
September 15	IDVYNSO	AIDS/HIV
	WIDAPLIK	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 limit.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN, SYRINGE	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE, POWDER VIAL	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
August 1	ATMEKSI	Pain Relief and Inflammatory Disease
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications
	UMECLIDINIUM ELLIPTA	Asthma/COPD/Respiratory
	ZYCUBO	Nutritional/Dietary
July 15	MYQORZO	Blood Pressure/Heart Medications
June 15	OZEMPIC TABLET	Weight Management
	PIVYA	Infections
	SDAMLO	Blood Pressure/Heart Medications
	VYBRIQUE	Erectile Dysfunction
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes

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.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
June 1	REDEMPLO	Cholesterol Medications
	WEGOVY HIGH DOSE	Weight Management
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
May 1	PAZOPANIB 400 MG TABLET	Parkinson's Disease
April 15	AURANOFIN	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
	LYNKUET	Miscellaneous
	TONMYA	Pain Relief and Inflammatory Disease
	VYSCOXA	Pain Relief and Inflammatory Disease
April 1	INLURIYO	Cancer
	PALSONIFY	Hormonal Agents
March 15	BREKIYA	Pain Relief and Inflammatory Disease
March 1	ESCITALOPRAM OXALATE	Anxiety/Depression/Bipolar Disorder
	PHYRAGO	Cancer
	DAWNZERA	Blood Pressure/Heart Medications
	IMCIVREE	Weight Management
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease
	WAYRILZ	Blood Modifiers/Bleeding Disorders
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
	BRINSUPRI	Substance Abuse
February 1	BRYNOVIN	Diabetes
	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	ANZUPGO	Skin Conditions
	EKTERLY	Blood Pressure/Heart Medications
	MODEYSO	Cancer

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

Medications that will need Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
May 1	SEYSARA	Infections	doxycycline, minocycline, tetracycline, avidoxy, morgidox, mondoxyne nl

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
June 1	EXDENSUR	Asthma/COPD/Respiratory	Talk with your doctor about other options.

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

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[3]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	AUKELSO	Osteoporosis Products	WYOST, BILPREVDA
	BOSAYA	Osteoporosis Products	JUBBONTI, BILDYOS
	ENOBY	Osteoporosis Products	JUBBONTI, BILDYOS
	PROLIA[3]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[3]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[3]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[3]	Osteoporosis Products	WYOST, BILPREVDA
	XTRENBO	Osteoporosis Products	WYOST, BILPREVDA
June 1	LYMPHIR	Cancer	acitretin, bexarotene, gemcitabine, doxorubicin, ZOLINZA, PEGASYS

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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 non-preferred under the Cigna Healthcare medical benefit.* *(cont.)*

Date Change Starts	Medication Name	Drug Class	Preferred medications
April 1	BEIZRAY	Cancer	docetaxel
	BEIZRAY-ALBUMIN	Cancer	docetaxel
	KEYTRUDA QLEX	Cancer	KEYTRUDA IV
	RYBREVANT FASPRO	Cancer	Talk with your doctor about other options.
March 1	JOBEVNE	Cancer	ZIRABEV, MVASI
	STARJEMZA 130 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
February 15	KYXATA	Cancer	generic carboplatin
February 1	BRYNOVIN	Diabetes	JANUVIA
	HERNEXEOS	Cancer	Talk with your doctor about other options.
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	AVGEMSI	Cancer	generic gemcitabine
	EKTERLY	Blood Pressure/Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	MODEYSO	Cancer	Talk with your doctor about other options.
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ANDEMBRY	Miscellaneous	Talk with your doctor about other options.
	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VABRINTY	Cancer	ELIGARD

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	Cancer
April 24	INVEGA HAFYERA	Schizophrenia/Anti-Psychotics
	INVEGA SUSTENNA	Schizophrenia/Anti-Psychotics
	INVEGA TRINZA	Schizophrenia/Anti-Psychotics

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
	MERILOG PEN, VIAL	Diabetes
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July 1	pomalidomide	Cancer
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
May 14	REZZAYO	Infections
May 1	GEMTESA	Urinary Tract Conditions
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV
	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer

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

Medications that will no longer require a Prior Authorization. *(cont.)*

Date Change Starts	Medication Name	Drug Class
April 1	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	ODEFSEY	AIDS/HIV
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
June 15	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections
	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary
	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary
	mynatal capsule	Nutritional/Dietary
	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs fa tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	prudoxin 5% cream	Skin Conditions

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

Medications that will be covered as Generic. *(cont.)*

Date Change Starts	Medication Name	Drug Class
June 15	sps 30 g/120 ml enema	Nutritional/Dietary
	sulfatrim ped suspension	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
November 1	JANUMET XR	Diabetes
October 1	PENTASA 250 MG CAPSULE	Gastrointestinal/Heartburn
August 15	JANUMET	Diabetes
	JANUVIA	Diabetes
June 1	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
	FARXIGA	Weight Management
	XIGDUO	Weight Management
February 1	lenalidomide	Cancer

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Cigna Healthcare Total Savings Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	BENLYSTA PREFILLED SYRINGE, AUTO-INJECTOR	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	PENTASA 250 MG CAPSULE	Gastrointestinal/ Heartburn	This medication will be added to the drug list as a non preferred brand (Tier 3).
	SAPHNELO PEN	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PREFILLED SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
September 15	IDVYNSO	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory	This medication will: • Be added to the drug list as a generic medication and • Require a quality limit[4].
August 20	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 15	MERILOG PEN, VIAL	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 1	BRAFTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	INLYTA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	LORBRENA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	MEKTOVI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ROZLYTREK	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	TALZENNA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	XALKORI	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	ZYKADIA	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
June 15	OZEMPIC TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
June 1	ICOTYDE	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)

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

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	More Information
June 1	VOYXACT	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	WEGOVY HIGH DOSE	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
April 15	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD	Asthma/COPD/Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
March 1	WEGOVY TABLET	Weight Management	This product will be added to the drug list as a preferred brand (Tier 2)
January 15	LIVDELZI CAPSULE	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
	RHAPSIDO	Blood Modifiers/Bleeding Disorders	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	APRETUDE	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO INJECTION	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
	YEZTUGO TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
November 1	HEPCLUDEX	Miscellaneous	3	Talk with your doctor about other options.
October 1	JAKAFI XR	Cancer	3	Talk with your doctor about other options.

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

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
August 15	YUVIWEL	Miscellaneous	3	Talk with your doctor about other options.
July 15	MYQORZO	Blood Pressure/Heart Medications	3	Talk with your doctor about other options.
	VYBRIQUE	Erectile Dysfunction	3	sildenafil, tadalafil, vardenafil, avanafil
July 1	CARDAMYST	Blood Pressure/ Heart Medications	3	Talk to your doctor about other options.
	NARCAN	Substance Use Disorder	3	naloxone
	TAPENTADOL ER	Pain Relief and Inflammatory Disease	3	XTAMPZA ER, hydrocodone bitartrate er, hydromorphone er, morphine er, oxymorphone er
June 1	AQVESME	Blood Modifiers/ Bleeding Disorders	3	Talk to your doctor about other options.
	MINIMED INSTRINCT SENSOR	Diabetes	3	DEXCOM, FREESTYLE LIBRE
May 15	HYRNUO	Cancer	3	Talk to your doctor about other options.
	KOMZIFTI	Cancer	3	Talk to your doctor about other options.
April 24	SANDOSTATIN	Hormonal Agents	3	octreotide
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease	3	carbidopa-levodopa er (generic)
April 1	INLURIYO	Cancer	3	Talk with your doctor about other options.
January 23	ZURNAI	Substance Abuse	3	generic naloxone

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
	SAPHNELO PEN	Miscellaneous
	SAPHNELO PREFILLED SYRINGE	Miscellaneous
September 15	IDVYNSO	AIDS/HIV

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 (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
August 15	YUVIWEL	Miscellaneous
July 15	MYQORZO	Blood Pressure/Heart Medications
	VYBRIQUE	Erectile Dysfunction
July 1	BRAFTOVI	Cancer
	CARDAMYST	Blood Pressure/Heart Medications
	MEKTOVI	Cancer
	TAPENTADOL ER	Pain Relief and Inflammatory Disease
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	VOYXACT	Miscellaneous
	WEGOVY HIGH DOSE	Weight Management
May 29	ADALIMUMAB-AATY	Pain Relief and Inflammatory Disease
May 15	HYRNUO	Cancer
	KOMZIFTI	Cancer
April 24	octretide acetate	Hormonal Agents
	SANDOSTATIN	Hormonal Agents
April 15	CARBIDOPA-LEVODOPA ER	Parkinson's Disease
	IMULDOSA 45 MG, 90 MG SYRINGE (BY ACCORD)	Pain Relief and Inflammatory Disease
	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
March 1	WEGOVY TABLET	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 15	LIVDELZI CAPSULE	Gastrointestinal/Heartburn
	MODEYSO	Cancer
	RHAPSIDO	Blood Modifiers/Bleeding Disorders
January 1	liraglutide	Diabetes

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.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
November 1	HEPCLUDEX	Miscellaneous
October 1	JAKAFI XR	Cancer
September 15	IDVYNSO	AIDS/HIV
September 10	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
September 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	DUPIXENT 200MG/1.14ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 300MG/2ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	DUPIXENT 100MG/0.67 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN, SYRINGE	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR	Asthma/COPD/Respiratory
	NUCALA 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	TEZSPIRE 210 MG/1.91 ML PEN, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR. SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTOINJECTOR, SYRINGE	Asthma/COPD/Respiratory
July 15	MYQORZO	Blood Pressure/Heart Medications
	VYBRIQUE	Erectile Dysfunction
July 1	MEKTOVI	Cancer
	ZYKADIA	Cancer
June 15	OZEMPIC TABLET	Weight Management
June 1	AQVESME	Blood Modifiers/Bleeding Disorders
	ICOTYDE	Pain Relief and Inflammatory Disease
	MINIMED INSTRINCT SENSOR	Diabetes
	WEGOVY HIGH DOSE	Weight Management
May 15	HYRNUO	Cancer

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

Medications that will have a quantity limit.[2] *(cont)*

Date Change Starts	Medication Name	Drug Class
May 15	KOMZIFTI	Cancer
April 15	JASCAYD	Asthma/COPD/Respiratory
April 1	INLURIYO	Cancer
March 1	WEGOVY TABLET	Weight Management
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder
February 1	HERNEXEOS	Cancer
January 23	ZURNAI	Substance Abuse
January 15	MODEYSO	Cancer

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
November 1	BOSULIF 100 MG CAPSULE	Cancer	bosutinib tablet
	BOSULIF TABLET	Cancer	bosutinib tablet
	BUSPIRONE 2.5 MG, 12.5 MG TABLET	Anxiety/Depression/ Bipolar Disorder	buspirone tablets
	DRONABINOL 5 MG/ML SOLUTION	Gastrointestinal Heartburn	dronabinol capsule
	JANUMET XR	Diabetes	sitagliptin-metformin er
	LYNAVOY	Gastrointestinal Heartburn	cholestyramine, naltrexone, sertraline, fenofibrate
October 15	BYSANTI	Schizophrenia/Anti-Psychotics	Talk with your doctor about other alternatives.
	DEXLYT	Hormonal Agents	dexamethasone tablet, oral elixir
	METHYLPHENIDATE ER ODT	Attention Deficit Hyperactivity Disorder	methylphenidate chewable, methylphenidate solution
	NEREUS	Gastrointestinal Heartburn	promethazine tablet, scopolamine patch
October 1	ATOMOXETINE SOLUTION	Attention Deficit Hyperactivity Disorder	atomoxetine capsule
	ATONCY	Attention Deficit Hyperactivity Disorder	atomoxetine capsule

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
October 1	FOLIC ACID 0.2 MG/ML ORAL SOLUTION	Nutritional/ Dietary	folic acid tablet
	GLIPIZIDE 15 MG TABLET	Diabetes	glipizide
	LIFYORLI	Cancer	Talk to your doctor about other options.
	QUIOFIC	Nutritional/ Dietary	folic acid tablet
	ZOLYMBUS	Eye Conditions	bimatoprost eye drops 0.01, 0.03%; latanoprost, tafluprost
September 15	WIDAPLIK	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
August 15	ARYNTA	Attention Deficit Hyperactivity Disorder	lisdexamfetamine chewable tablet, amphetamine er odt
	ASTAGRAF XL	Transplant Medications	tacrolimus xl
	CAFERGOT	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	GRANISOL	Gastrointestinal/ Heartburn	Talk to your doctor about other options.
	JANUMET	Diabetes	sitagliptin/metformin
	JANUVIA	Diabetes	sitagliptin
	KYGEVVI	Miscellaneous	Talk to your doctor about other options.
	OPSUMIT	Asthma/COPD/ Respiratory	macitentan
	RELGAABI 200 MG CAPSULE	Seizure Disorders	gabapentin
August 1	ATMEKSI	Pain Relief and Inflammatory Disease	methocarbamol tablet
	BRIVIACT ORAL SOLUTION, TABLET	Seizure Disorders	brivaracetam
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/ Heart Medications	clonidine 0.1 mg, 0.2 mg, 0.3 mg tablet
	EDURANT	AIDS/HIV	rilpivirine
	LEROCHOL	Cholesterol Medications	REPATHA
	NUCYNTA	Pain Relief and Inflammatory Disease	tapentadol
	OFEV	Asthma/COPD/ Respiratory	nintedanib
	SAVELLA	Pain Relief and Inflammatory Disease	milnacipran
	UMECLIDINIUM ELLIPTA	Asthma/COPD/ Respiratory	INCRUSE ELLIPTA

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
August 1	XELJANZ	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	XELJANZ XR	Pain Relief and Inflammatory Disease	tofacitinib, tofacitinib er
	YUVEZZI	Eye Conditions	Talk to your doctor about other options.
	ZYCUBO	Nutritional/Dietary	Talk to your doctor about other options.
July 15	DESMODA	Hormonal Agents	desmopressin tablets, 10 mcg/0.1 mL (0.01%) nasal spray
	HALOBETASOL PROPIONATE	Skin Conditions	betamethasone, clobetasol, diflorasone, halobetasol ointment, cream
	PIVYA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole tmp ds azithromycin, cefixime, doxycycline
	SDAMLO	Blood Pressure/ Heart Medications	amlodipine tablet
July 1	ACZONE 7.5% GEL PUMP	Skin Conditions	Dapsone 7.5% gel pump
	azelastine-fluticasone spray	Allergy/Nasal Sprays	azelastine; over-the-counter fluticasone
	BEXIFLOXACIN HCL	Eye Conditions	BESIVANCE
	FEXMID	Pain Relief and Inflammatory Disease	cyclobenzaprine
	GRALISE 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er
	HYSINGLA ER	Pain Relief and Inflammatory Disease	hydrocodone er
	ibuprofen 300 mg tablet	Pain Relief and Inflammatory Disease	ibuprofen 400 mg tablet
	lactulose 20 gm packet	Gastrointestinal/ Heartburn	lactulose oral solution
	opium tincture[12]	Gastrointestinal/ Heartburn	diphenoxylate-atropine
	penciclovir 1% cream	Skin Conditions	acyclovir tablet, valacyclovir tablet
	POMALYST	Cancer	pomalidomide
	PROLENSA	Eye Conditions	bromfenac eye drops
	PURIXAN	Cancer	mercaptopurine oral suspension
	STELARA 45 MG VIAL[12]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VIMPAT ORAL SOLUTION[13]	Seizure Disorders	lacosamide oral solution

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
July 1	ZORTRESS	Transplant Medications	everolimus
June 15	ZYLET	Eye Conditions	Talk to your doctor about other options.
June 1	FARXIGA	Weight Management	dapagliflozin
	LEVETIRACETAM	Seizure Disorders	levetiracetam tablet, solution
	REDEMPLO	Cholesterol Medications	TRYNGOLZA
	XIGDUO	Weight Management	dapagliflozin/metformin
May 15	FORZINITY	Miscellaneous	Talk to your doctor about other options.
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/ Heart Medications	metoprolol tartrate 25mg
	OMLONTI	Eye Conditions	BIMATOPROST, LATANOPROST, TAFLUPROST, TRAVOPROST
	ONTRALFY	Pain Relief and Inflammatory Disease	tizanidine tablet
	ORUDIS	Pain Relief and Inflammatory Disease	ibuprofen, meloxicam, piroxicam, etodolac, ketoprofen
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine tablet
	ZYBIC	Pain Relief and Inflammatory Disease	ibuprofen suspension
May 1	BYNFEZIA	Hormonal Agents	octreotide
	JAVADIN	Blood Pressure/ Heart Medications	clonidine tablet
	PAZOPANIB 400 MG TABLET	Cancer	pazopanib 200 mg tablet
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine tablet, odt, dispersable tablet
April 15	AURANOFIN	Pain Relief and Inflammatory Disease	hydroxychloroquine, leflunomide, methotrexate, sulfasalazine
	FYCOMPA SUSPENSION	Seizure Disorders	perampanel
	GLEOSTINE	Cancer	lomustine
	LYNKUET	Miscellaneous	estradiol tablet, gel, patch; paroxetine
	MAVENCLAD	Multiple Sclerosis	cladribine
	PREMARIN	Hormonal Agents	conjugated estrogens
	TONMYA	Pain Relief and Inflammatory Disease	pregabalin, duloxetine
	VYSCOXA	Pain Relief and Inflammatory Disease	celecoxib capsule
April 1	PALSONIFY	Hormonal Agents	Talk to your doctor about other options.

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
March 15	BLUJEPA	Infections	fosfomycin, cefadroxil, nitrofurantoin mono-mcr, sulfamethoxazole TMP DS, azithromycin, cefixime, doxycycline
	BREKIYA	Pain Relief and Inflammatory Disease	sumatriptan, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, zolmitriptan
	ECONAZOLE 1% FOAM	Skin Conditions	ciclopirox 0.77%, clotrimazole, ketoconazole
	ENBUMYST	Diuretics	bumetanide
	ESCITALOPRAM OXALATE	Anxiety/Depression/ Bipolar Disorder	escitalopram
	EXXUA	Anxiety/Depression/ Bipolar Disorder	generic SSRIs, SNRIs
	PHYRAGO	Cancer	dasatinib
March 1	DAWNZERA	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
	STARJEMZA 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	STARJEMZA 45 MG VIAL	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK, STELARA
	WAYRILZ	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
February 15	BRINSUPRI	Substance Abuse	Talk to your doctor about other options.
February 1	BRYNOVIN	Diabetes	JANUVIA
	ORLYNVAH	Infections	ciprofloxacin, fosfomycin, nitrofurantoin mono-macro, sulfamethoxazole-TMP DS
	REVLIMID	Cancer	lenalidomide
January 15	ANZUPGO	Skin Conditions	topical generic corticosteroids
	EKTERLY	Blood Pressure/Heart Medications	Talk with your doctor about other options.
	HARLIKU	Miscellaneous	nitisinone
	SEPHIENCE	Miscellaneous	sapropterin
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL[4]	Osteoporosis Products	risedronate
	ADDERALL[5]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ANDEMBRY	Miscellaneous	Talk to your doctor about other options.
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG[6]	Blood Pressure/ Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO[5]	Attention Deficit Hyperactivity Disorder	amphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET[6]	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA[5]	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ[6]	Sleep Disorders	tasimelteon
	INVEGA ER TABLET[4]	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN[5]	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TIKOSYN[5]	Blood Pressure/ Heart Medications	dofetilide
	TYKERB[5]	Cancer	lapatinib

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

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

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

Date Change Starts	Medication Name	Drug Class	Preferred medications
July 1	ACTEMRA IV[15]	Pain Relief and Inflammatory Disease	AVTOZMA, TYENNE IV
	PROLIA[15]	Osteoporosis Products	JUBBONTI, BILDYOS
	STELARA 45 MG VIAL[15]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 45 MG VIAL[15]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	XGEVA[15]	Osteoporosis Products	WYOST, BILPREVDA
February 1	HERNEXEOS	Cancer	Talk with your doctor about other options.
	TRACLEER 32 MG TABLET FOR SUSPENSION	Asthma/COPD/Respiratory	bosentan suspension
January 23	ZURNAI	Substance Abuse	generic naloxone
January 15	MODEYSO	Cancer	Talk with your doctor about other options.
January 1	STELARA 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL[8]	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
August 1	brivaracetam oral solution, tablet	Seizure Disorders
July 1	pomalidomide	Cancer
April 15	cladribine tablet	Multiple Sclerosis
April 1	abacavir	AIDS/HIV
	abacavir-lamivudine	AIDS/HIV
	abiraterone acetate	Cancer
	abiraterone acetate and abirtega	Cancer
	atazanavir sulfate	AIDS/HIV

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

Medications that will no longer require a Prior Authorization. *(cont.)*

Date Change Starts	Medication Name	Drug Class
April 1	bexarotene capsule	Cancer
	capecitabine	Cancer
	efavirenz	AIDS/HIV
	everolimus 2 mg, 3 mg, 5 mg tablet for oral suspension (generic for afinitor disperz)	Cancer
	everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet (generic for afinitor)	Cancer
	fosamprenavir calcium	AIDS/HIV
	lamivudine	AIDS/HIV
	lapatinib	Cancer
	maraviroc	AIDS/HIV
	nevirapine er	AIDS/HIV
	nevirapine	AIDS/HIV
	nilotinib hcl	Cancer
	pazopanib 200 mg tablet	Cancer
	sorafenib	Cancer
	sunitinib	Cancer
	temozolomide capsule	Cancer
	tenofovir disoproxil fumarate	AIDS/HIV
	torpenz	Cancer

Medications that will no longer have a quantity limit.

Date Change Starts	Medication Name	Drug Class
July 1	TALZENNA	Cancer

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

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
August 15	ciprofloxacin-hydrocortisone otic drops	Eye Conditions
	prenatabs fa tablet	Nutritional/Dietary
	sulfatrim pediatric suspension	Nutritional/Dietary
June 15	anaspaz 0.125 mg tablet odt	Gastrointestinal/Heartburn
	dialyvite tablet	Nutritional/Dietary
	e.e.s 400 mg tablet	Infections
	ery-tab dr 250 tablet	Infections
	ery-tab dr 333 mg tablet	Infections
	forane liquid	Miscellaneous
	klor-con m15 tablet	Nutritional/Dietary
	mvc fluoride 0.25 mg, 0.5 mg, 1 mg tablet chew	Nutritional/Dietary
	mynatal capsule	Nutritional/Dietary
	pacerone 100 mg, 400 mg tablet	Blood Pressure/Heart Medications
	prenal chew tablet	Nutritional/Dietary
	prenatabs rx tablet	Nutritional/Dietary
	sps 30 g/120 ml enema	Nutritional/Dietary
	tis-u-sol pentalyte irrigation solution	Miscellaneous
	tri-chlor 80% solution	Skin Conditions
	trinate tablet	Nutritional/Dietary
	zebutal 50-325-40 mg capsule	Pain Relief and Inflammatory Disease
	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
June 1	digoxin 62.5 mcg	Blood Pressure/Heart Medications
April 24	octretide acetate	Hormonal Agents
February 15	amphetamine er odt	Attention Deficit Hyperactivity Disorder

Medications that will no longer require Step Therapy.

Date Change Starts	Medication Name	Drug Class
June 15	zenzedi 5 mg, 10 mg tablet	Attention Deficit Hyperactivity Disorder
February 1	lenalidomide	Cancer

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Cigna Healthcare National Preferred Prescription Drug List

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

These medications may cost you less to fill.

Date Change Starts	Medication Name	Drug Class	More Information
October 1	DEXCOM G7 15 DAY SENSOR	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	LIVDELZI	Gastrointestinal/ Heartburn	This product will be added to the drug list as a preferred brand (Tier 2)
September 18	XOCOVA 125 MG TABLET	Infections	This product will be added to the drug list as a preferred brand (Tier 2)
September 4	REDEMPLO 25 MG/0.5 ML SYRINGE	Cholesterol Medications	This product will be added to the drug list as a preferred brand (Tier 2)
August 12	COSENTYX SC	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
August 7	PIVOT INSULIN PUMP STARTER KIT, SUPPLY KIT	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
July 24	IDVYNSO 100 MG-0.25 MG TABLET	AIDS/HIV	This product will be added to the drug list as a preferred brand (Tier 2)
July 17	INSULIN GLARGINE INSULIN GLARGINE SOLOSTAR	Diabetes	This medication will: • Be added to the drug list as a non-preferred brand (Tier 3).
	INSULIN GLARGINE MAX SOLOSTAR U300 INSULIN GLARGINE SOLOSTAR U300	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	ORENITRAM ER TABLET	Asthma/COPD/ Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
	RASUVO	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	SAPHNELO PEN, SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	TRYNGOLZA 80 MG/0.8 ML AUTO-INJECTOR	Cholesterol Medications	This product will be added to the drug list as a preferred brand (Tier 2)
	VYLEESI 1.75 MG/0.3 ML AUTO-INJECTOR	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
	WYNZORA 0.005%-0.064% CREAM	Skin Condition	This product will be added to the drug list as a preferred brand (Tier 2)
	ZELSUVMI 10.3% GEL	Skin Condition	This medication will: • Be added to the drug list as a non-preferred brand (Tier 3).
	ZORYVE 0.3% CREAM	Skin Condition	This product will be added to the drug list as a preferred brand (Tier 2)
June 19	JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)

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

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

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

Date Change Starts	Medication Name	Drug Class	More Information
June 13	CAFERGOT 1 MG-100 MG TABLET	Pain Relief and Inflammatory Disease	This medication will: • Be added to the drug list as a non-preferred brand (Tier 3).
June 12	YUVIWEL 1.3, 2.8, 5.5 VIAL	Miscellaneous	This medication will: • Be added to the drug list as a non-preferred brand (Tier 3) and • Will need approval from Cigna before it can be covered ("prior authorization")4.
May 15	ICOTYDE 200 MG TABLET	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
	OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
April 3	MYQORZO 5 MG, 10 MG, 15 MG, 20 MG TABLET	Blood Pressure/ Heart Medications	This product will be added to the drug list as a preferred brand (Tier 2)
	VOYXACT 400 MG/2 ML SYRINGE	Miscellaneous	This product will be added to the drug list as a preferred brand (Tier 2)
March 20	ILET INFUSN KIT-FLEX 23" 6 MM	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
February 26	USTEKINUMAB-TTWE 45 MG VIAL	Pain Relief and Inflammatory Disease	This product will be added to the drug list as a preferred brand (Tier 2)
February 20	KOMZIFTI 200 MG CAPSULE	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	SHINGRIX 50 MCG/0.5 ML SYRINGE	Vaccines	This product will be added to the drug list as a preferred brand (Tier 2)
January 30	ZORYVE 0.05% CREAM	Skin Condition	This product will be added to the drug list as a preferred brand (Tier 2)
January 23	BRINSUPRI 10 MG, 25 MG TABLET	Substance Abuse	This product will be added to the drug list as a preferred brand (Tier 2)
	INLURIYO 200 MG TABLET	Cancer	This product will be added to the drug list as a preferred brand (Tier 2)
	JASCAYD 9 MG, 18 MG TABLET	Asthma/COPD/ Respiratory	This product will be added to the drug list as a preferred brand (Tier 2)
January 16	MERILOG 100 UNIT/ML VIAL MERILOG SOLOSTAR 100 UNIT/ML	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
January 1	INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	Miscellaneous	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 be covered on a higher tier or be non-preferred.

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

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
October 17	LISRAYA	Miscellaneous	Talk to your doctor about other options.
October 9	RASONQUE	Cancer	Talk to your doctor about other options.
September 11	BAXFENDY 1 MG, 2 MG TABLET	Blood Pressure/ Heart Medications	amlodipine, carvedilol, clonidine, hydralazine, hydrochlorothiazide, terazosin, verapamil
September 4	JANUMET XR 50-500 MG, 50-1,000 MG, 100-1,000 MG TABLET	Diabetes	sitagliptin-metformin er
	PENTASA 250 MG CAPSULE	Gastrointestinal/ Heartburn	mesalamine er
July 17	JANUMET	Diabetes	Talk to your doctor about other options.
	JANUVIA	Diabetes	Talk to your doctor about other options.
	XELJANZ SOLUTION, TABLET	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
July 1	EPIPEN[7], EPIPEN JR[7]	Allergy/Nasal Sprays	epinephrine 0.15 mg, 0..3 mg auto-injector
	HYSINGLA ER[7]	Pain Relief and Inflammatory Disease	hydrocodone er
	MESNEX TABLET	Cancer	mesna
	PRIMAQUINE (Brand)	Infections	primaquine (generic)
	POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE	Cancer	pomalidomide
June 12	ARMONAIR DIGIHALER 55 MCG, 113 MCG, 232 MCG	Asthma/COPD/ Respiratory	beclomethasone, asmanex, asmanex hfa, qvar redihaler
	ASPRUZYO SPRINKLE ER 500 MG, 1000 MG PACKET	Blood Pressure/ Heart Medications	ranolazine er
	ELIDEL 1% CREAM	Skin Condition	pimecrolimus
	FULVICIN P-G 165 MG TABLET	Infections	griseofulvin ultramicrosize
	KAZANO 12.5-500 MG, 12.5-1,000 MG TABLET	Diabetes	saxagliptin-metformin er, janumet, janumet xr
	MICARDIS 20 MG, 40 MG, 80 MG TABLET	Blood Pressure/ Heart Medications	telmisartan
	NOXAFIL DR 100 MG TABLET	Infections	posaconazole
	OTREXUP AUTO-INJECTOR	Pain Relief and Inflammatory Disease	methotrexate injection
	PENNSAID 2% PUMP	Skin Condition	diclofenac sodium solution
	PROAIR DIGIHALER 90 MCG INHALER	Asthma/COPD/ Respiratory	albuterol hfa

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

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

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
June 12	RAPAFLO 4 MG, 8 MG CAPSULE	Urinary Tract Conditions	silodosin
	SEGLENTIS 56 MG-44 MG TABLET	Pain Relief and Inflammatory Disease	celecoxib, tramadol
	TRICOR 48 MG, 145 MG TABLET	Cholesterol Medications	fenofibrate 145mg
	UNDECATREX 200 MG CAPSULE	Hormonal Agents	testosterone gel, solution
	XELPROS 0.005% EYE DROP	Eye Conditions	latanoprost
	ZEGERID 20 MG, 40 MG CAPSULE, PACKET	Gastrointestinal/ Heartburn	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
May 29	EDURANT 25 MG TABLET	AIDS/HIV	rilpivirine
	OFEV 100 MG, 150 MG CAPSULE	Asthma/COPD/ Respiratory	nintedanib
May 15	SYMBRAVO 20-10 MG TABLET	Pain Relief and Inflammatory Disease	meloxicam, rizatriptan, etodolac, ibuprofen, naratriptan, sumatriptan, zolmitriptan
May 8	AVTOZMA 162 MG/0.9 ML AUTO-INJECTOR, SYRINGE	Pain Relief and Inflammatory Disease	Talk to your doctor about other options.
	FARXIGA 5 MG, 10 MG TABLET	Diabetes	dapagliflozin
	SAVELLA 12.5 MG, 25 MG, 50 MG, 100 MG TABLET, TITRATION PACK	Pain Relief and Inflammatory Disease	milnacipran
	XIGDUO XR 5 MG-500 MG, 5 MG-1,000 MG, 10 MG-500 MG, 10 MG-1,000 MG TABLET	Diabetes	dapagliflozin-metformin
April 3	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLET PACKET	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
March 26	CARDAMYST 70 MG NASAL SPRAY	Blood Pressure/ Heart Medications	Talk to your doctor about other options.
March 13	ATRIPLA	AIDS/HIV	iron sucrose
	FLOVENT 50 MCG, 100 MCG, 250 MCG DISKUS	Asthma/COPD/ Respiratory	asmanex, asmanex hfa, qvar redihaler
	FLOVENT HFA 44 MCG, 110 MCG, 220 MCG INHALER	Asthma/COPD/ Respiratory	asmanex, asmanex hfa, qvar redihaler

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

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

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
March 13	KOMBIGLYZE XR 2.5-1,000 MG, 5-500 MG, 5-1,000 MG TABLET	Diabetes	saxagliptin-metformin er
	LIDOCAINE-TETRACAINE 7%-7% CRM	Pain Relief and Inflammatory Disease	lidocaine-prilocaine, lidocaine
	LIQREV 10 MG/ML ORAL SUSPENSION	Asthma/COPD/ Respiratory	sildenafil citrate
	LOCOID 0.1% LIPOCREAM	Skin Condition	hydrocortisone butyrate
	LOCOID 0.1% LOTION	Skin Condition	hydrocortisone butyrate
	ONGLYZA 2.5 MG, 5 MG TABLET	Diabetes	saxagliptin hcl
	RAYOS DR 1 MG, 2 MG, 5 MG TABLET	Hormonal Agents	prednisone
January 26	ORUDIS 75 MG CAPSULE	Pain Relief and Inflammatory Disease	ketoprofen
January 23	GLEOSTINE 10 MG, 40 MG, 100 MG CAPSULE	Cancer	lomustine
January 1	KOSELUGO 5 MG, 7.5 MG SPRINKLE CAPSULE	Cancer	GOMEKLI
	ONETOUCH ULTRA CONTROL SOLUTION	Diabetes	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION
	ONETOUCH VERIO HIGH, MID CONTROL SOLUTION	Diabetes	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION

Medications that will need approval (prior authorization) before they can be covered.[2]

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Date Change Starts	Medication Name	Drug Class
October 17	LISRAYA	Miscellaneous
October 9	RASONQUE	Cancer
October 1	DEXCOM G7 15 DAY SENSOR	Diabetes
September 11	BAXFENDY 1 MG, 2 MG TABLET	Blood Pressure/Heart Medications
August 10	tofacitinib xr tablet	Diabetes
	tofacitinib oral solution, tablet	Diabetes

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

Medications that will need approval (prior authorization) before they can be covered.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
July 1	POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE	Cancer
May 8	AVTOZMA 162 MG/0.9 ML AUTO-INJECTOR, SYRINGE	Pain Relief and Inflammatory Disease
April 30	DAPAGLIFLOZIN 5 MG, 10 MG, TABLET	Diabetes
	DAPAGLIFLOZIN-METFORMIN ER 5-500 MG, 5-1000 MG, 10-500 MG, 10-1000 MG TABLET	Diabetes
April 3	MYQORZO 5 MG, 10 MG, 15 MG, 20 MG TABLET	Blood Pressure/ Heart Medications
	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLET PACKET	Blood Pressure/ Heart Medications
	VOYXACT 400 MG/2 ML SYRINGE	Miscellaneous
March 26	CARDAMYST 70 MG NASAL SPRAY	Blood Pressure/ Heart Medications
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease
January 1	KOSELUGO 5 MG, 7.5 MG SPRINKLE CAPSULE	Cancer

Medications that will have a quantity limit.[2]

Your plan will only cover so much of this medication at one time.

Date Change Starts	Medication Name	Drug Class
December 1	EBGLYSS 250 MG/2 ML SYRINGE	Skin Condition
October 17	BREZTRI AEROSPHERE 160 MCG/18 MCG/4.8 MCG	Asthma/COPD/Respiratory
	PIVOT INSULIN PUMP STARTER KIT	Diabetes
	PIVOT INSULIN SUPPLY KIT	Diabetes
	XOCOVA 125 MG TABLET	Infections
October 1	DEXCOM G7 15 DAY SENSOR	Diabetes
	VOQUEZNA 10 MG, 20 MG TABLET	Gastrointestinal/Heartburn
September 1	CEQUR SIMPLICITY 4-DAY INSULIN PATCH	Diabetes
	CEQUR SIMPLICITY INSERTER	Diabetes
	COBENFY 50 MG/20 MG, 100 MG/20 MG, 125 MG/30 MG CAPSULE	Schizophrenia/Anti-Psychotics

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

Medications that will have a quantity limit.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class
September 1	COBENFY STARTER PACK	Schizophrenia/Anti-Psychotics
	TWIIST REFILL KIT	Diabetes
	TWIIST STARTER KIT	Diabetes
	V-GO 20, V-GO 30, V-GO 40	Diabetes
August 10	tofacitinib oral solution, tablet	Diabetes
	tofacitinib xr tablet	Diabetes
July 17	ZORYVE 0.3% CREAM	Skin Condition
June 26	ICOTYDE	Pain Relief and Inflammatory Disease
June 1	PREVYMIS 20 MG PELLET PACKET	Infections
	PREVYMIS 120 MG PELLET PACKET	Infections
	TOLVAPTAN	Diuretics
May 15	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLET PACKET	Blood Pressure/ Heart Medications
	SYMBRAVO 20-10 MG TABLET	Pain Relief and Inflammatory Disease
May 5	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
April 30	dapagliflozin 5 mg, 10 mg, tablet	Diabetes
	dapagliflozin-metformin er 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg tablet	Diabetes
April 10	PAZOPANIB 400 MG TABLET	Cancer
March 23	citalopram 30 mg capsule	Anxiety/Depression/Bipolar Disorder
March 1	FLOVENT 50 MCG, 100 MCG, 250 MCG DISKUS	Asthma/COPD/Respiratory
	FLOVENT HFA 44 MCG, 110 MCG, 220 MCG INHALER	Asthma/COPD/Respiratory
	KOMBIGLYZE XR 2.5-1,000 MG, 5-500 MG, 5-1,000 MG TABLET	Diabetes
	LOCOID 0.1% LIPOCREAM	Skin Condition
	ONGLYZA 2.5 MG, 5 MG TABLET	Diabetes
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease
February 1	LUMRYZ 4.5-6-7.5 GM STARTER PK	Sleep Disorders
	VELTASSA 1 GM POWDER PACKET	Nutritional/Dietary
	XELJANZ 1 MG/ML SOLUTION	Pain Relief and Inflammatory Disease
	XELJANZ 5 MG, 10 MG TABLET	Pain Relief and Inflammatory Disease
	XELJANZ XR 11 MG, 22 MG TABLET	Pain Relief and Inflammatory Disease

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

Medications that will need Step Therapy.[2]

Your plan won't cover these high-cost medications until you try at least one lower-cost, preferred option first (typically a generic or preferred brand) and it didn't work for you. We've listed some preferred options below.

Date Change Starts	Medication Name	Drug Class	Preferred Medications
August 10	tofacitinib xr tablet	Diabetes	Talk with your doctor about other options.
	tofacitinib oral solution, tablet	Diabetes	Talk with your doctor about other options.
August 1	EDARBI 40 MG, 80 MG TABLET	Blood Pressure/Heart Medications	candesartan, candesartan-hctz tablet; irbesartan, irbesartan-hctz tablet; losartan, losartan-hctz tablet; olmesartan, olmesartan-amlodipine, olmesartan-hctz, olmesartan-amlodipine-hctz tablet; telmisartan, telmisartan-amlodipine, telmisartan-hctz tablet; valsartan, valsartan-amlodipine, valsartan-hctz, valsartan-amlodipine-hctz tablet
July 1	CALCIPOTRIENE-BETAMETH DP SUSPENSION	Skin Condition	generic calcipotriene cream, ointment, solution
	LIVDELZI	Gastrointestinal/ Heartburn	Talk with your doctor about other options.
May 29	OFEV 100 MG, 150 MG CAPSULE	Asthma/COPD/ Respiratory	nintedanib
May 15	SYMBRAVO 20-10 MG TABLET	Pain Relief and Inflammatory Disease	meloxicam, rizatriptan, etodolac, ibuprofen, naratriptan, sumatriptan, zolmitriptan
May 8	AVTOZMA 162 MG/0.9 ML AUTO-INJECTOR, SYRINGE	Pain Relief and Inflammatory Disease	Talk with your doctor about other options.
April 3	ORLADEYO 72 MG, 96 MG, 108 MG, 132 MG PELLET PACKET	Blood Pressure/Heart Medications	Talk with your doctor about other options.
March 25	citalopram 30 mg capsule	Anxiety/Depression/ Bipolar Disorder	Talk with your doctor about other options.
March 13	KOMBIGLYZE XR 2.5-1,000 MG, 5-500 MG, 5-1,000 MG TABLET	Diabetes	saxagliptin-metformin er
	LOCOID 0.1% LIPOCREAM	Skin Condition	hydrocortisone butyrate
	ONGLYZA 2.5 MG, 5 MG TABLET	Diabetes	saxagliptin hcl
March 9	ormalvi	Miscellaneos	dichlorphenamide
February 27	RINVOQ ER 45 MG TAB	Pain Relief and Inflammatory Disease	Talk with your doctor about other options.
February 26	ORUDIS 75 MG CAPSULE	Pain Relief and Inflammatory Disease	ketoprofen

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

Medications that will need Step Therapy.[2] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Preferred Medications
January 1	ENTRESTO	Blood Pressure/ Heart Medications	sacubitril/valsartan tablet

Medications that will no longer be covered — and their covered alternatives.[3]

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
October 9	CAVHANZA 60 MG, 80 MG ODT	Cancer	nitolinib, DANZITEN
September 18	AWIQLI FLEXTOUCH 700 UNIT/ML	Diabetes	INSULIN GLARGINE YFGN, INSULIN GLARGINE SOLOSTAR U-300, LANTUS SOLOSTAR, TOUJEO MAX SOLOSTAR, TRESIBA FLEXTOUCH U-100, TRESIBA FLEXTOUCH U-200
	DOXYCYCLINE HYCLATE 75 MG CAP	Infections	doxycycline hyclate (generic)
	TAPENTADOL HCL 20 MG/ ML SOLUTION	Pain Relief & Inflammatory Disease	tapentadol (generic)
	XTORO 0.3% EAR DROP	Ear Medications	ciprofloxacin otic, ofloxacin otic
September 4	BESREMI 500 MCG/0.5 ML PEN	Cancer	hydroxyurea
	LYNAVOY 40 MG TABLET	Gastrointestinal/ Heartburn	cholestyramine, fenofibrate, naltrexone hydrochloride, rifampin, sertraline
August 22	DULOXETINE HCL DR 80 MG, 90 MG, 120 MG CAPSULE	Anxiety/Depression/ Bipolar Disorder	duloxetine (generic)
	METHENAMINE 500 MG/5 ML SOLUTION	Infections	methenamine (generic)
	VEPPANU 100 MG, 200 MG TABLET	Cancer	INLURIYO, ORSERDU
August 21	HEPCLUDEX 8.5 MG VIAL	Miscellaneous	Talk with your doctor about other options.
August 7	BOSULIF 100 MG, 400 MG, 500 MG TABLET	Cancer	bosutinib

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Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
July 24	BYSANTI TABLET, TITRATION PACK	Schizophrenia/Anti-Psychotics	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone
	NEREUS 85 MG CAPSULE	Gastrointestinal/ Heartburn	promethazine tablet, scopolamine patch
	ZOLYMBUS 0.01% EYE DROPS	Eye Conditions	bimatoprost 0.01, 0.03% eye drops, latanoprost
July 17	XEPI 1% CREAM	Skin Conditions	mupirocin cream, ointment
July 1	ENTRESTO TABLET[13]	Blood Pressure/Heart Medications	sacubitril-valsartan
	fluvastatin	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	fluvastatin er	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	LESCOL XL[13]	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
	LIVDELZI[13]	Gastrointestinal/ Heartburn	IQIRVO
	MAVENCLAD[13]	Multiple Sclerosis	cladribine
	MYDAYIS[13]	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine er
	NORGESIC	Pain Relief & Inflammatory Disease	orphenadrine er
	NORGESIC FORTE	Pain Relief & Inflammatory Disease	orphenadrine er
	orphenadrine-aspirin-caffeine	Pain Relief & Inflammatory Disease	orphenadrine er
	orphengesic forte	Pain Relief & Inflammatory Disease	orphenadrine er
	protriptylilne[17]	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
	XIGDUO XR 2.5 MG-1,000 MG TA	Diabetes	dapagliflozin-metformin er
June 19	AZILSARTAN MEDOXOMIL 40 MG, 80 MG TABLET	Blood Pressure/Heart Medications	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	BYQLOVI 0.05% EYE DROP	Eye Conditions	dexamethasone sodium phosphate, difluprednate, fluorometholone, loteprednol, prednisolone

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
June 19	LIFYORLI 125 MG, 150 MG DOSE PACK	Cancer	Talk with your doctor about other options.
	WIDAPLIK 10-1.25-0.625 MG, 20-2.5-1.25 MG, 40-5-2.5 MG TABLET	Blood Pressure/Heart Medications	amlodipine, candesartan, indapamide, irbesartan, losartan, olmesartan, telmisartan
June 12	GRANISOL 2 MG/10 ML SOLUTION	Gastrointestinal/ Heartburn	granisetron (oral), ondansetron (oral)
	UMECLIDINIUM ELLIPTA 62.5 MCG	Asthma/COPD/ Respiratory	tiotropium, INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUVIWEL VIAL	Miscellaneous	Talk with your doctor about other options.
May 29	ARYNTA 10 MG/ML ORAL SOLUTION	Attention Deficit Hyperactivity Disorder	amphetamine er odt, citalopram, dextroamphetamine-amphetamine er, imipramine, lisdexamfetamine, topiramate, zonisamide
	CLONIDINE HCL 0.05 MG TABLET	Blood Pressure/Heart Medications	clonidine (generic)
	RELGAABI 200 MG CAPSULE	Seizure Disorders	gabapentin (generic)
May 15	ATMEKSI 750 MG/5 ML SUSPENSION	Pain Relief & Inflammatory Disease	methocarbamol tablet (generic)
	KYGEVVI 4 GM (2GM-2GM) POWDER PACKET	Miscellaneous	Talk with your doctor about other options.
May 8	HALOBETASOL 0.05% LOTION	Skin Conditions	betamethasone, clobetasol, clobetasol e, desoximetasone, fluocinonide, halobetasol
	LEROCHOL 300 MG/1.2 ML SYRINGE	Cholesterol Medications	REPATHA SURECLICK
April 24	DESMODA 0.05 MG/ML ORAL SOLUTION	Hormonal Agents	desmopressin nasal spray, tablet
	TAPENTADOL ER 50 MG, 100 MG, 200 MG, 250 MG TABLET	Pain Relief and Inflammatory Disease	hydrocodone er, hydromorphone er, morphine er, oxymorphone er
	YUVEZZI 2.75%-0.1% EYE DROP	Eye Conditions	Talk with your doctor about other options.
	ZYCUBO 2.9 MG VIAL	Nutritional/Dietary	Talk with your doctor about other options.
April 3	REDEMPLO 25 MG/0.5 ML SYRINGE	Cholesterol Medications	Talk with your doctor about other options.
March 20	ONTRALFY 2 MG/5 ML SOLUTION	Pain Relief and Inflammatory Disease	tizanidine

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
March 20	SDAMLO 2.5 MG, 5 MG, 10 MG POWDER FOR SOLUTION	Blood Pressure/Heart Medications	amlodipine
	TIZANIDINE 8 MG CAPSULE	Pain Relief and Inflammatory Disease	tizanidine
	ZYBIC 7.5 MG/5 ML SUSPENSION	Pain Relief and Inflammatory Disease	ibuprofen suspension, naproxen suspension
March 6	AQVESME 100 MG TABLET	Blood Modifiers/ Bleeding Disorders	Talk with your doctor about other options.
	HYRNUO 10 MG TABLET	Cancer	Talk with your doctor about other options.
	LEVETIRACETAM 250 MG, 500 MG TAB SUSPENSION	Seizure Disorders	levetiracetam solution, levetiracetam tablet
February 20	DAYBUE STIX 5,000 MG, 6,000 MG, 8,000 MG PACKET	Miscellaneous	Talk with your doctor about other options.
	LOPRESSOR 12.5 MG TABLET	Blood Pressure/Heart Medications	metoprolol tartrate
	METOPROLOL TARTRATE 12.5 MG TABLET	Blood Pressure/Heart Medications	metoprolol tartrate
	OMLONTI 0.002% EYE DROP	Eye Conditions	bimatoprost, latanoprost
February 13	BESIFLOXACIN 0.6% EYE DROP	Eye Conditions	ciprofloxacin eye drops, gatifloxacin eye drops, levofloxacin eye drops, moxifloxacin eye drops, ofloxacin eye drops
	FORZINITY 280 MG/3.5 ML VIAL	Miscellaneous	Talk with your doctor about other options.
	INSULIN GLARGINE-YFGN U100 PEN	Diabetes	INSULIN GLARGINE-YFGN U100 (BIOCON BIOLOGIC), LANTUS SOLOSTAR, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
February 1	REVLIMID	Cancer	lenalidomide
January 30	POTASSIUM CL 40 MEQ PACKET	Nutritional/Dietary	potassium chloride oral
January 23	BLENREP 70 MG VIAL	Cancer	bortezomib, lenalidomide, DARZALEX, KYPROLIS, NINLARO, POMALYST, THALOMID
	DESLORATADINE 0.5 MG/ ML SOLUTION	Allergy/Nasal Sprays	desloratadine odt, cetirizine syrup, levocetirizine solution

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

Medications that will no longer be covered — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
January 23	ENBUMYST 0.5 MG SPRAY	Diuretics	bumetanide, ethacrynic acid, furosemide,torsemide
	JAVADIN 0.02 MG/ML SOLUTION	Blood Pressure/Heart Medications	clonidine tablet
	LASIX ONYU 80 MG/2.67 ML KIT	Diuretics	bumetanide, ethacrynic acid, furosemide,torsemide
	PALSONIFY 20 MG, 30 MG TABLET	Hormonal Agents	lanreotide, octreotide er, SOMATULINE DEPOT
	SUBVENITE 10 MG/ML SUSPENSION	Seizure Disorders	lamotrigine odt, lamotrigine chewable dispersible tablet
January 16	STARJEMZA 45 MG/0.5 ML, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	IMULDOSA SC, SELARSDI SC, USTEKINUMAB-TTWE SC, YESINTEK SC
	TONMYA 2.8 MG TABLET SL	Pain Relief and Inflammatory Disease	duloxetine, pregabalin, SAVELLA
	USTEKINUMAB-AAUZ 45 MG SYRINGE, 90 MG/ML SYRINGE	Pain Relief and Inflammatory Disease	IMULDOSA SC, SELARSDI SC, USTEKINUMAB-TTWE SC, YESINTEK SC
January 2	BYNFEZIA 7,000 MCG/2.8 ML PEN	Hormonal Agents	octreotide acetate
	CARBIDOPA-LEVO ER 23.75-95, 36.25-145, 48.75-195, 61.25-245 CAPSULE	Parkinson's Disease	carbidopa-levodopa er (generic)
	PHEXX 1.8-1-0.4% VAGINAL GEL	Contraception Products	CAYA CONTOURED, CONDOM, FC2 FEMALE CONDOM, FEMCAP, VCF
	VYSCOXA 10 MG/ML SUSPENSION	Pain Relief and Inflammatory Disease	celecoxib
January 1	ACTEMRA ACTPEN, SYRINGE[4]	Pain Relief and Inflammatory Disease	TYENNE AUTO-INJECTOR, SYRINGE; ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADBM (CF), ADALIMUMAB-RYVK (CF), ENBREL, SIMLANDI (CF) AUTO-INJECTOR
	ARNUITY ELLIPTA	Asthma/COPD/ Respiratory	ASMANEX, ASMANEX HFA, QVAR REDIHALER
	AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	azelastine-fluticasone 0.1% (137 mcg) spray[4]	Allergy/Nasal Sprays	azelastine, fluticasone nasal spray
	BRILINTA[4]	Blood Thinners/Anti-Clotting	ticagrelor
	ciclopirox 8% treatment kit	Skin Conditions	ciclopirox solution, tavaborole
	crotan	Infections	permethrin

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
January 1	CYLTEZO (CF)[4]	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADBM (CF), ADALIMUMAB-RYVK (CF) AUTO-INJECTOR, SIMLANDI (CF) AUTO-INJECTOR
	DENAVIR	Skin Conditions	acyclovir capsule, cream, oral suspension, tablet; famciclovir, valacyclovir
	DYRENIUM	Diuretics	amiloride, eplerenone, spironolactone
	ENDARI[4]	Blood Modifiers/ Bleeding Disorders	l-glutamine 5 gram powder packet
	EPSOLAY[4]	Skin Conditions	azelaic acid, ivermectin, metronidazole, rosula, FINACEA
	fosfomycin	Infections	nitrofurantoin macro, nitrofurantoin mono-macro, sulfamethoxazole-trimethoprim, trimethoprim
	NAFTIN	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	NOURIANZ[8]	Parkinson's Disease	cabergoline, entacapone, pramipexole, rasagiline, ropinirole
	opium tincture	Gastrointestinal/ Heartburn	diphenoxylate-atropine, loperamide
	oxiconazole	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	naftifine	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	OXTELLAR XR[4]	Seizure Disorders	oxcarbazepine er
	OXYCONTIN ER[8]	Pain Relief and Inflammatory Disease	hydrocodone er, hydromorphone er, morphine er, oxymorphone er, HYSINGLA ER
	paroxetine 7.5 mg capsule[4]	Anxiety/Depression/ Bipolar Disorder	paroxetine er, paroxetine
	penciclovir	Skin Conditions	acyclovir capsule, cream, oral suspension, tablet; famciclovir, valacyclovir
	PROLENSA 0.7% drops[4]	Eye Conditions	bromfenac drops
	PROMACTA[6]	Blood Modifiers/ Bleeding Disorders	eltrombopag
	pruradik	Infections	permethrin
	RASUVO[4]	Pain Relief and Inflammatory Disease	methotrexate injection
	REVLIMID[10]	Cancer	lenalidomide

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 — and their covered alternatives.[3] *(cont.)*

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
January 1	SPRIX[4]	Pain Relief and Inflammatory Disease	diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen
	STELARA SYRINGE[II], STELARA 45 MG/0.5 ML VIAL[II]	Pain Relief and Inflammatory Disease	SELARSDI SYRINGE, USTEKINUMAB-TTWE SYRINGE (made by Quallent), YESINTEK SYRINGE
	SYMBICORT[6]	Asthma/COPD/ Respiratory	breyna, budesonide-formoterol
	tafluprost[4]	Eye Conditions	bimatoprost, latanoprost
	TASIGNA[6]	Cancer	nilotinib
	telmisartan-amlodipine	Blood Pressure/ Heart Medications	amlodipine-olmesartan, amlodipine-valsartan
	THIOLA EC[6]	Urinary Tract Conditions	tiopronin, venxxiva
	travoprost[4]	Eye Conditions	bimatoprost, latanoprost
	TREXALL	Cancer	methotrexate
	triamterene	Diuretics	amiloride, eplerenone, spironolactone
	TWYNEO[4]	Skin Conditions	adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin-tretinoin, tretinoin
	VELPHORO	Nutritional/Dietary	lanthanum carbonate, sevelamer carbonate, sevelamer hcl
	VYVANSE	Attention Deficit Hyperactivity Disorder	lisdexamfetamine

Medications that will no longer require a Prior Authorization.

Date Change Starts	Medication Name	Drug Class
February 14	RELYVRIO	Miscellaneous
	SYNERA	Pain Relief and Inflammatory Disease

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

Medications that will be covered as Generic.

Date Change Starts	Medication Name	Drug Class
August 21	sitagliptin-metformin er 50-500, 50-1000, 100-1000	Diabetes
August 10	tofacitinib oral solution, tablet	Diabetes
	tofacitinib xr tablet	Diabetes
July 23	meclizine 50 mg tablet	Gastrointestinal/Heartburn
July 17	azilsartan 40 mg, 80 mg tablet	Blood Pressure/Heart Medications
June 18	sitagliptin 25 mg, 100 mg tablet	Diabetes
	sitagliptin 50 mg tablet sitagliptin-metformin 50-500 mg, 50-1000mg tablet	Diabetes
June 12	triamterene 50 mg, 100 mg capsule	Diuretics
May 30	dapagliflozin 5 mg, 10 mg, tablet	Diabetes
	dapagliflozin-metformin er 5-500 mg, 5-1000 mg, 10-500 mg, 10-1000 mg tablet	Diabetes
May 5	fluticasone hfa 44 mcg	Asthma/COPD/Respiratory
March 25	citalopram 30 mg capsule	Anxiety/Depression/ Bipolar Disorder
January 2	amphetamine er 3.1 mg odt, 6.3 mg odt, 9.4 mg odt, 12.5 mg odt, 15.7 mg odt, 18.8 mg odt	Attention Deficit Hyperactivity Disorder

Cigna Pathwell Specialty Drug List

Medications that will no longer be covered because we're taking them off the drug list[6,II]

There are preferred medications available that treat the same condition. We've listed some options below. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to approve the non-covered medication.

Medication Name (not covered)	Preferred Medications
ACTEMRA IV*	AVTOZMA*, TYENNE IV*
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	plerixafor
ARALAST NP*	GLASSIA*, PROLASTIN C*
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
AVGEMSI	generic gemcitabine
BEIZRAY	docetaxel
BEIZRAY-ALBUMIN	docetaxel
BERINERT*	RUCONEST*
BOMYNTRA*	BILPREVDA*, WYOST*
BORUZU	BORTEZOMIB
CINQAIR*	DUPIXENT, FASENRA*, NUCALA*, TEZSPIRE*, XOLAIR*
CONEXXENCE*	BILDYOS*, JUBBONTI*
DDAVP INJ	desmopressin acetate
DOCIVYX	generic docetaxel
FULPHILA*‡	NEULASTA*†, NEULASTA ONPRO*†, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	FULPHILA*‡, NEULASTA*†, NEULASTA ONPRO*†, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*‡
GAMMAGARD S-D*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAGARD LIQUID*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC 850	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX HERCEPTIN*, HERCEPTIN HYLECTA*	NIVESTYM, ZARXIO KANJINTI*, OGIVRI*, TRAZIMERA*
HERCESSI*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS ONE	DUROLANE, EUFLEXXA, GELSYN-3
INFLIXIMAB*	AVSOLA*, INFLECTRA*
IVRA	generic melphalan
JOBEVNE*	MVASI*, ZIRABEV*
KALBITOR*	icatibant

* For this medication to be covered, you need to get it from a provider who participates in the Cigna Pathwell Specialty program.

† This medication is preferred for everyone **except** people who use the Cigna Healthcare Total Savings Prescription Drug List.

‡ This is only a preferred medication for people using the Cigna Healthcare Total Savings Prescription Drug List. For anyone using a different drug list, it's not a preferred medication.

§ This is only a preferred medication for people using the Cigna Healthcare Standard, Performance, Legacy (Standard), Legacy (Performance), and Total Savings Prescription Drug Lists. For anyone using a different drug list, it's not a preferred medication.

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

Cigna Pathwell Specialty Drug List *(cont.)*

Medication Name (not covered)	Preferred Medications
KEYTRUDA QLEX*	KEYTRUDA IV*
KISUNLA	Talk to your doctor about other options.
LEMTRADA*	AVONEX†, BAFIERTAM†, BETASERON, BRIUMVI*, cladribine*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, KESIMPTA†, MAYZENT†, OCREVUS*, PLEGRIDY†, PONVORY†, REBIF†, teriflunomide, TYRUKO*, TYSABRI*, VUMERITY†, ZEPOSIA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEULASTA*†	FULPHILA*‡, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*‡
NEULASTA ONPRO*†	FULPHILA*‡ , NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*‡
NEUPOGEN	NIVESTYM, ZARXIO
NYPOZI	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
OPDIVO QVANTIG*	OPDIVO IV*
ORENCIA IV*	ADALIMUMAB-ADBM, ADALIMUMAB-RYVK, AVTOZMA, CYLTEZO, ENBREL, IMULDOSA (by Accord), OTEZLA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI*, STELARA SYRINGE§, TALTZ, TREMFYA*, TYENNE*, USTEKINUMAB-TTWE, XELJANZ, YESINTEK
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
OSENVELT*	BILPREVDA*, WYOST*
OTULFI (SC) VIAL	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
OTULFI IV	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PIASKY*	BKEMV*, EPYSQLI*, SOLIRIS*, ULTOMIRIS*
PROLIA*	BILDYOS*, JUBBONTI*
PYZCHIVA (SC) VIAL	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
PYZCHIVA IV	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
RITUXAN*	RIABNI*, RUXIENCE*, TRUXIMA*
RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RYLAZE	ASPARLAS, ONCASPAR
RYTELO*	REBLOZYL*
RYZNEUTA*	FULPHILA*‡, NEULASTA*† , NYVEPRIA*, ROLVEDON*, UDENYCA*, ZIEXTENZO*‡
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	octreotide acetate lar*, LANREOTIDE ACETATE*, SANDOSTATIN LAR*, SOMATULINE DEPOT*

* For this medication to be covered, you need to get it from a provider who participates in the Cigna Pathwell Specialty program.

† This medication is preferred for everyone **except** people who use the Cigna Healthcare Total Savings Prescription Drug List.

‡ This is only a preferred medication for people using the Cigna Healthcare Total Savings Prescription Drug List. For anyone using a different drug list, it's not a preferred medication.

§ This is only a preferred medication for people using the Cigna Healthcare Standard, Performance, Legacy (Standard), Legacy (Performance), and Total Savings Prescription Drug Lists. For anyone using a different drug list, it's not a preferred medication.

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Cigna Pathwell Specialty Drug List *(cont.)*

Medication Name (not covered)	Preferred Medications
STARJEMZA (SC) VIAL	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STARJEMZA IV	IMULODSA (by Accord), SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STELARA IV	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STEQEYMA IV	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
STIMUFEND*	FULPHILA*‡, NEULASTA*† , NEULASTA ONPRO*† , NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*‡
STOBOCLO*	BILDYOS*, JUBBONTI*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN (repackaged, intravitreal inj)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC, SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3
TEPYLUTE	thiotepa
TOFIDENCE*	AVTOZMA*, TYENNE IV*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
USTEKINUMAB IV	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
USTEKINUMAB SC	IMULODSA (by Accord), SELARSDI, USTEKINUMAB-TTWE, YESINTEK
VABRINTY	ELIGARD
VEGZELMA*	MVASI*, ZIRABEV*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY, QULIPTA
XGEVA*	BILPREVDA*, WYOST*
YIMMUGO*	BIVIGAM*, GAMMAGARD LIQUID*, GAMMAPLEX*, GAMMAKED*, GAMMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ZEMAIRA*	GLASSIA*, PROLASTIN C*
ZIEXTENZO*‡	NEULASTA*† , NEULASTA ONPRO*† , NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*

* For this medication to be covered, you need to get it from a provider who participates in the Cigna Pathwell Specialty program.

† This medication is preferred for everyone **except** people who use the Cigna Healthcare Total Savings Prescription Drug List.

‡ This is only a preferred medication for people using the Cigna Healthcare Total Savings Prescription Drug List. For anyone using a different drug list, it's not a preferred medication.

§ This is only a preferred medication for people using the Cigna Healthcare Standard, Performance, Legacy (Standard), Legacy (Performance), and Total Savings Prescription Drug Lists. For anyone using a different drug list, it's not a preferred medication.

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

1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. For example, if we're making a change to your medication on January 1 but your new plan year doesn't start until November 1, the change(s) won't affect you until November 1. To find out if these laws apply to you, please call the number on your 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 may not affect you.** Not all plans have extra coverage rules (requirements) on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.
3. If your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover this medication. Ask your doctor's office to contact us 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 and continue to fill this medication on or after January 1, it won't be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.
4. **If you currently have approval (prior authorization) 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.
5. **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 (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it as long as your prescription doesn't change.
6. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
7. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.
8. If you currently have approval (precertification) from Cigna Healthcare for this medication to be covered under your medical benefit, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered under your medical benefit.
9. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.
10. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of April 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
11. **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 (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it until your approval period ends.
12. **This change will only affect you if you start this medication for the first time on or after July 1.**
13. **If you currently have approval (prior authorization) for this medication, your plan will only cover it through June 30 or until that approval ends – whichever comes first.** Talk with your doctor's office about your options.
14. Some medications are covered under the pharmacy benefit, medical benefit, or both benefits. This can affect how much your medication costs, if it needs approval (prior authorization/precertification), and where you may have to fill it. Medications that are given by shot (injection) or through an IV (infused) – like at a doctor's office, hospital, or at home – are usually covered under the medical benefit. Log in to the myCigna app or myCigna.com to see how your plan covers these medications.
15. **If you currently have approval (precertification) for this medication to be covered, your plan will keep covering it until that approval ends.** Talk with your doctor's office about your options.
16. **Not all plans offer the Cigna Pathwell Specialty program.** Log in to the myCigna app or myCigna.com, or check your plan details, to see if yours does. If you've already tried a preferred medication (or your doctor doesn't think one's right for you), your doctor's office can ask us to cover this medication. Ask them to contact us to start the coverage review process or appeal a coverage denial (ask us to review a decision we made). Your doctor's office will take care of everything for you. If they need a request form, they can get it from our provider portal at cignaforhcp.com. If you don't get approval and continue to fill this medication on or after July 1, it won't be covered.
17. **If you currently have approval (prior authorization) for this medication, your plan will keep covering your fills for one year – through June 30, 2027.** If your doctor wants you to stay on this medication after that date, talk with them about your options.

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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Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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 a **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Service
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

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Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero
1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید.