Medication Coverage Changes

For 2027

Here are changes to the Cigna Healthcare® Prescription Drug Lists for 2027. This document is updated throughout the year as changes are made.

Use the chart below to find your drug list. Medications are listed by the type of change, in alphabetical (A–Z) order. There may also be changes to medications covered under the medical benefit. You'll find those at the end of this document.

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

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990509 2027 Medication Coverage Changes 10/26 © 2026 Cigna Healthcare.

Cigna Healthcare Standard Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25M G TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, 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

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	ZELBORAF	Cancer

Medications no longer covered.[3]

Covered options may be available for these medications.

Start date	Medication name	Medication type	Covered options
January 1	ARIMIDEX	Cancer	anastrozole
	ATTRUBY[4]	Miscellaneous	VYNDAMAX
	AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	AUSTEDO XR TITRATION PACK[4]	Miscellaneous	INGREZZA TITRATION PACK
	CARBAGLU	Miscellaneous	carglumic acid
	CYLTEZO[4]	Pain Relief and Inflammatory Disease	ADALIMUMAB-AATY*, ADALIMUMAB-ADBM*, ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*, HUMIRA (by AbbVie)
	DIFICID TABLET	Infections	fidaxomicin
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
	KLONOPIN[5]	Seizure Disorders	clonazepam
	LYRICA ORAL SOLUTION[4]	Seizure Disorders	pregabalin oral solution
	OPSYNVI[4]	Asthma/COPD/ Respiratory	macitentan, tadalafil
	OXTELLAR XR[6]	Seizure Disorders	oxcarbazepine er
	protriptyline	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
	ROLVEDON[4]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA*, UDENYCA*
	TEGRETOL ORAL SUSPENSION, TABLET[6]	Seizure Disorders	carbamazepine
	TEGRETOL XR[6]	Seizure Disorders	carbamazepine er

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications no longer covered.[3] *(cont.)*

Start date	Medication name	Medication type	Covered options
January 1	TOBRADEX	Eye Conditions	tobramycin-dexamethasone
	TRACLEER[4]	Asthma/COPD/ Respiratory	bosentan
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders	topiramate xr
	UNITHROID	Hormonal Agents	levothyroxine, levoxyl, levo-t
	VELPHORO	Nutritional/Dietary	sevelamer, lanthanum
	WINREVAIR[5]	Asthma/COPD/ Respiratory	Talk to your doctor about preferred alternatives.
	ZTLIDO	Pain Relief and Inflammatory Disease	lidocaine 5% patch

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Cigna Healthcare Performance Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML, 30 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, 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

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

Medications no longer covered.[3]

Covered options may be available for these medications.

Start date	Medication name	Medication type	Covered options
January 1	ARIMIDEX	Cancer	anastrozole
	ATTRUBY[4]	Miscellaneous	VYNDAMAX
	AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	AUSTEDO XR TITRATION PACK[4]	Miscellaneous	INGREZZA TITRATION PACK
	BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
	BENDEKA[5]	Cancer	generic bendamustine, TREANDA
	CARBAGLU	Miscellaneous	carglumic acid
	CYLTEZO[4]	Pain Relief and Inflammatory Disease	ADALIMUMAB-AATY*, ADALIMUMAB-ADBM*, ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*, HUMIRA (by AbbVie)
	DIFICID TABLET	Infections	fidaxomicin
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
	KLONOPIN[5]	Seizure Disorders	clonazepam
	LEUPROLIDE DEPOT 22.5 MG VIAL (by Cipla)[4]	Cancer	ELIGARD, FIRMAGON
	LUTRATE DEPOT 22.5 MG VIAL[4]	Cancer	ELIGARD, FIRMAGON
	LYRICA ORAL SOLUTION[4]	Seizure Disorders	pregabalin oral solution

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

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

Medications no longer covered.[3] *(cont.)*

Start date	Medication name	Medication type	Covered options
January 1	OPSYNVI[4]	Asthma/COPD/ Respiratory	macitentan, tadalafil
	OXTELLAR XR[6]	Seizure Disorders	oxcarbazepine er
	protriptyline	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
	ROLVEDON[4]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA*, UDENYCA*
	TEGRETOL ORAL SUSPENSION, TABLET[6]	Seizure Disorders	carbamazepine
	TEGRETOL XR[6]	Seizure Disorders	carbamazepine er
	TOBRADEX	Eye Conditions	tobramycin-dexamethasone
	TRACLEER[4]	Asthma/COPD/ Respiratory	bosentan
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders	topiramate xr
	UNITHROID	Hormonal Agents	levothyroxine, levoxyl, levo-t
	VELPHORO	Nutritional/Dietary	sevelamer, lanthanum
	VIVIMUSTA[5]	Cancer	generic bendamustine, TREANDA
	WINREVAIR[5]	Asthma/COPD/ Respiratory	Talk to your doctor about preferred alternatives.
	ZTLIDO	Pain Relief and Inflammatory Disease	lidocaine 5% patch

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

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Cigna Healthcare Value Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, 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

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

Medications no longer covered.[3]

Covered options may be available for these medications.

Start date	Medication name	Medication type	Covered options
January 1	ARIMIDEX	Cancer	anastrozole
	ATTRUBY[4]	Miscellaneous	VYNDAMAX
	AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	AUSTEDO XR TITRATION PACK[4]	Miscellaneous	INGREZZA TITRATION PACK
	CARBAGLU	Miscellaneous	carglumic acid
	DIFICID TABLET	Infections	fidaxomicin
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
	ILEVRO	Eye Conditions	diclofenac ophthalmic solution, ketorolac ophthalmic solution, bromfenac ophthalmic solution
	INSULIN ASPART 100 UNIT/ML PEN, VIAL	Diabetes	MERILOG, HUMALOG, INSULIN LISPRO, LYUMJEV
	INSULIN ASPART PRO MIX 70-30 PEN	Diabetes	MERILOG, HUMALOG, INSULIN LISPRO, LYUMJEV
	KLONOPIN[5]	Seizure Disorders	clonazepam
	LYRICA ORAL SOLUTION[4]	Seizure Disorders	pregabalin oral solution

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications no longer covered.[3] *(cont.)*

Start date	Medication name	Medication type	Covered options
January 1	OPSYNVI[4]	Asthma/COPD/ Respiratory	macitentan, tadalafil
	OXTELLAR XR[6]	Seizure Disorders	oxcarbazepine er
	protriptyline	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
	ROLVEDON[4]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA*, UDENYCA*
	TEGRETOL ORAL SUSPENSION, TABLET[6]	Seizure Disorders	carbamazepine
	TEGRETOL XR[6]	Seizure Disorders	carbamazepine er
	TRACLEER[4]	Asthma/COPD/ Respiratory	bosentan
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders	topiramate xr
	UNITHROID	Hormonal Agents	levothyroxine, levoxyl, levo-t
	VELPHORO	Nutritional/Dietary	sevelamer, lanthanum
	WINREVAIR[5]	Asthma/COPD/ Respiratory	Talk to your doctor about preferred alternatives.
	ZTLIDO	Pain Relief and Inflammatory Disease	lidocaine 5% patch

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Cigna Healthcare Advantage Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML, 30 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	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
	ZELBORAF	Cancer

Medications no longer covered.[3]

Covered options may be available for these medications.

Start date	Medication name	Medication type	Covered options
January 1	ARIMIDEX	Cancer	anastrozole
	ATTRUBY[4]	Miscellaneous	VYNDAMAX
	AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	AUSTEDO XR TITRATION PACK[4]	Miscellaneous	INGREZZA TITRATION PACK
	BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
	BENDEKA[5]	Cancer	generic bendamustine, TREANDA
	CARBAGLU	Miscellaneous	carglumic acid
	DIFICID TABLET	Infections	fidaxomicin
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
	ILEVRO	Eye Conditions	diclofenac ophthalmic solution, ketorolac ophthalmic solution, bromfenac ophthalmic solution
	INSULIN ASPART 100 UNIT/ML PEN, VIAL	Diabetes	MERILOG, HUMALOG, INSULIN LISPRO, LYUMJEV
	INSULIN ASPART PRO MIX 70-30 PEN	Diabetes	MERILOG, HUMALOG, INSULIN LISPRO, LYUMJEV

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications no longer covered.[3] *(cont.)*

Start date	Medication name	Medication type	Covered options
January 1	KLONOPIN[5]	Seizure Disorders	clonazepam
	LEUPROLIDE DEPOT 22.5 MG VIAL (by Cipla)[4]	Cancer	ELIGARD, FIRMAGON
	LUTRATE DEPOT 22.5 MG VIAL[4]	Cancer	ELIGARD, FIRMAGON
	LYRICA ORAL SOLUTION[4]	Seizure Disorders	pregabalin oral solution
	OPSYNVI[4]	Asthma/COPD/ Respiratory	macitentan, tadalafil
	OXTELLAR XR[6]	Seizure Disorders	oxcarbazepine er
	protriptyline	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
	ROLVEDON[4]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA*, UDENYCA*
	TEGRETOL ORAL SUSPENSION, TABLET[6]	Seizure Disorders	carbamazepine
	TEGRETOL XR[6]	Seizure Disorders	carbamazepine er
	TRACLEER[4]	Asthma/COPD/ Respiratory	bosentan
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders	topiramate xr
	UNITHROID	Hormonal Agents	levothyroxine, levoxyl, levo-t
	VELPHORO	Nutritional/Dietary	sevelamer, lanthanum
	VIVIMUSTA[5]	Cancer	generic bendamustine, TREANDA
	WINREVAIR[5]	Asthma/COPD/ Respiratory	Talk to your doctor about preferred alternatives.
	ZTLIDO	Pain Relief and Inflammatory Disease	lidocaine 5% patch

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Cigna Healthcare Legacy (Standard) Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications moving to a higher tier.*

These may cost more to fill. Lower-cost options may be available.

Start date	Medication name	Medication type	New tier	Lower-cost options
January 1	CYLTEZO[4]	Pain Relief and Inflammatory Disease	3	ADALIMUMAB-AATY*, ADALIMUMAB-ADBM*, ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*, HUMIRA (by AbbVie)
	OPSYNVI[4]	Asthma/COPD/Respiratory	3	macitentan, tadalafil
	ROLVEDON[5]	Blood Pressure/Heart Medications	3	NEULASTA, NYVEPRIA†, UDENYCA†
	VELPHORO	Nutritional/Dietary	3	sevelamer, lanthanum
	ZTLIDO	Pain Relief and Inflammatory Disease	3	lidocaine 5% patch

* **This change only affects 3-Tier plans.** If you're currently paying a Tier 4 copay or coinsurance for this medication, your costs won't change.

† This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

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

Start date	Medication name	Medication type
January 1	ARIMIDEX	Cancer
	CARBAGLU	Miscellaneous
	DIFICID TABLET	Infections
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications
	protriptyline	Anxiety/Depression/Bipolar Disorder
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders
	UNITHROID	Hormonal Agents

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

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

Start date	Medication name	Medication type
January 1	VELPHORO	Nutritional/Dietary
	ZTLIDO**	Pain Relief and Inflammatory Disease

** If this medication is approved, it will likely cost more to fill. You'll pay your non-preferred brand copay or coinsurance.

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, 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

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	ZELBORAF	Cancer

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Cigna Healthcare Legacy (Performance) Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications moving to a higher tier.*

These may cost more to fill. Lower-cost options may be available.

Start date	Medication name	Medication type	New tier	Lower-cost options
January 1	CYLTEZO[4]	Pain Relief and Inflammatory Disease	3	ADALIMUMAB-AATY*, ADALIMUMAB-ADBM*, ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*, HUMIRA (by AbbVie)
	OPSYNVI[4]	Asthma/COPD/Respiratory	3	macitentan, tadalafil
	ROLVEDON[5]	Blood Pressure/Heart Medications	3	NEULASTA, NYVEPRIA†, UDENYCA†
	VELPHORO	Nutritional/Dietary	3	sevelamer, lanthanum
	ZTLIDO	Pain Relief and Inflammatory Disease	3	generic lidocaine 5% patches

* **This change only affects 3-Tier plans.** If you're currently paying a Tier 4 copay or coinsurance for this medication, your costs won't change.

† This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

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

Start date	Medication name	Medication type
January 1	ARIMIDEX	Cancer
	CARBAGLU	Miscellaneous
	DIFICID TABLET	Infections
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications
	protriptyline	Anxiety/Depression/Bipolar Disorder
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

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

Start date	Medication name	Medication type
January 1	UNITHROID	Hormonal Agents
	ZTLIDO*	Pain Relief and Inflammatory Disease

* If this medication is approved, it will likely cost more to fill. You'll pay your non-preferred brand copay or coinsurance.

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML, 30 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, 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

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Cigna Healthcare Total Savings Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
	VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications with a quantity limit.[2]

Only a certain amount is covered each time the medication is filled.

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, 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

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications with a quantity limit.[2] *(cont.)*

Start date	Medication name	Medication type
January 1	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

Medications no longer covered.[3]

Covered options may be available for these medications.

Start date	Medication name	Medication type	Covered options
January 1	ARIMIDEX	Cancer	anastrozole
	ATTRUBY[4]	Miscellaneous	VYNDAMAX
	AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	AUSTEDO XR TITRATION PACK[4]	Miscellaneous	INGREZZA TITRATION PACK
	BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
	BENDEKA[5]	Cancer	generic bendamustine, TREANDA
	CARBAGLU	Miscellaneous	carglumic acid
	CYLTEZO[4]	Pain Relief and Inflammatory Disease	ADALIMUMAB-AATY*, ADALIMUMAB-ADBM*, ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*, HUMIRA (by AbbVie)
	DIFICID TABLET	Infections	fidaxomicin
	fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
	ILEVRO	Eye Conditions	diclofenac ophthalmic solution, ketorolac ophthalmic solution, bromfenac ophthalmic solution
	INSULIN ASPART 100 UNIT/ML PEN, VIAL	Diabetes	MERILOG, HUMALOG, INSULIN LISPRO, LYUMJEV
	INSULIN ASPART PRO MIX 70-30 PEN	Diabetes	MERILOG, HUMALOG, INSULIN LISPRO, LYUMJEV

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

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

Medications no longer covered.[3] *(cont.)*

Start date	Medication name	Medication type	Covered options
January 1	KLONOPIN[5]	Seizure Disorders	clonazepam
	LYRICA ORAL SOLUTION[4]	Seizure Disorders	pregabalin oral solution
	OPSYNVI[4]	Asthma/COPD/ Respiratory	macitentan, tadalafil
	OXTELLAR XR[6]	Seizure Disorders	oxcarbazepine er
	protriptyline	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
	ROLVEDON[4]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA*, UDENYCA*
	TEGRETOL ORAL SUSPENSION, TABLET[6]	Seizure Disorders	carbamazepine
	TRACLEER[4]	Asthma/COPD/ Respiratory	bosentan
	TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders	topiramate xr
	UNITHROID	Hormonal Agents	levothyroxine, levoxyl, levo-t
	VELPHORO	Nutritional/Dietary	sevelamer, lanthanum
	WINREVAIR[5]	Asthma/COPD/ Respiratory	Talk to your doctor about preferred alternatives.
	ZTLIDO	Pain Relief and Inflammatory Disease	lidocaine 5% patch

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Cigna Healthcare National Preferred Prescription Drug List

Medications moving to a lower tier or added to the drug list.

These may cost you less to fill.

Start date	Medication name	Medication type	New coverage
January 1	LEDIPASVIR-SOFOSBUVIR	Infections	Will be covered as a non-preferred brand.
	SOFOSBUVIR-VELPATASVIR	Infections	Will be covered as a non-preferred brand.

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADAPALENE 0.1% SWAB	Skin Conditions
	DANZITEN 71 MG, 95 MG TABLET	Cancer
	OTEZLA XR 28-DAY INITIATION PACK	Pain Relief and Inflammatory Disease
	OTEZLA XR 75 MG ER TABLET	Pain Relief and Inflammatory Disease

Medications no longer covered.[3]

Covered options may be available for these medications.

Start date	Medication name	Medication type	Covered options
January 1	ADDYI[3]	Miscellaneous	VYLEESI
	ATTRUBY[4]	Miscellaneous	VYNDAMAX
	BRUKINSA[5]	Cancer	CALQUENCE, IMBRUVICA
	CARDIZEM LA	Blood Pressure/ Heart Medications	diltiazem 24hr er (cd)
	diltiazem 24hr er (la)	Blood Pressure/ Heart Medications	diltiazem 24hr er (cd)
	fenofibrate 40 mg tablet[4]	Cholesterol Medications	fenofibrate (43 mg), fenofibric acid
	fenofibrate 120 mg tablet, 130 mg capsule[4]	Cholesterol Medications	fenofibrate (134 mg), fenofibric acid
	GLOPERBA	Pain Relief and Inflammatory Disease	colchicine, MITIGARE
	HEMANGEOL[4]	Blood Pressure/ Heart Medications	propranolol solution

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Medications no longer covered.[3] *(cont.)*

Start date	Medication name	Medication type	Covered options
January 1	ILEVRO	Eye Conditions	bromfenac, diclofenac sodium, ketorolac
	LOTEMAX OINTMENT[3]	Eye Conditions	dexamethasone, difluprednate, fluorometholone, loteprednol, prednisolone
	LOTEMAX SM[3]	Eye Conditions	dexamethasone, difluprednate, fluorometholone, loteprednol, prednisolone
	LYUMJEV KWIKPEN, TEMPO PEN, VIAL	Diabetes	HUMALOG, INSULIN LISPRO KWIKPEN U-100, MERILOG SOLOSTAR
	matzim la	Blood Pressure/ Heart Medications	diltiazem 24hr er (cd)
	metformin 625 mg tablet[4]	Diabetes	metformin 500 mg tablet
	metformin 750 mg tablet[4]	Diabetes	metformin 850 mg tablet
	nisoldipine er	Blood Pressure/ Heart Medications	amlodipine, felodipine er
	SELARSDI 45 MG, 90 MG SYRINGE, VIAL[4]	Pain Relief and Inflammatory Disease	IMULDOSA SC*, USTEKINUMAB-TTWE SC*, YESINTEK SC*
	sucralfate 1 gm/10 ml cup, oral suspension	Gastrointestinal/ Heartburn	sucralfate tablet
	SULAR ER[4]	Blood Pressure/ Heart Medications	amlodipine, felodipine er
	verapamil er pm[4]	Blood Pressure/ Heart Medications	verapamil er
	WINREVAIR[6]	Asthma/COPD/ Respiratory	Talk to your doctor about preferred alternatives.
	XELJANZ ORAL SOLUTION, TABLET[4]	Pain Relief and Inflammatory Disease	tofacitinib
	XELJANZ XR[4]	Pain Relief and Inflammatory Disease	tofacitinib er
	ZOLMITRIPTAN 2.5 MG, 5 MG NASAL SPRAY[4]	Pain Relief and Inflammatory Disease	sumatriptan nasal spray
	ZOMIG 2.5 MG, 5.0 MG NASAL SPRAY[4]	Pain Relief and Inflammatory Disease	sumatriptan nasal spray
	ZTLIDO[4]	Pain Relief and Inflammatory Disease	lidocaine 5% patch
	ZYPITAMAG[4]	Cholesterol Medications	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.

Changes to medications covered under the medical benefit

Medications that are non-preferred.*

These aren't covered unless a preferred medication is tried first.

Start date	Medication name	Medication type	Preferred options
January 1	BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
	BENDEKA[5]	Cancer	generic bendamustine, TREANDA
	CHORIONIC GONADOTROPIN 10,000 UNIT[6]	Infertility	PREGNYL
	LEUPROLIDE DEPOT 22.5 MG VIAL (by Cipla)[5]	Cancer	ELIGARD, FIRMAGON
	LUTRATE DEPOT 22.5 MG VIAL[5]	Cancer	ELIGARD, FIRMAGON
	NOVAREL[5]	Infertility	PREGNYL
	ROLVEDON[5]	Blood Pressure/Heart Medications	NEULASTA§, NYVEPRIA‡, UDENYCA‡, FULPHILA†,‡, ZIEXTENZO†,‡
	VIVIMUSTA[5]	Cancer	generic bendamustine, TREANDA

* **These changes apply to plans that don't include the Cigna Pathwell Specialty program.** For plans with this program, these medications will no longer be covered under the medical benefit (see below). Log in to the myCigna app or myCigna.com to see if your plan includes this program.

Medications no longer covered on the Cigna Pathwell Specialty® Drug List.**

Other medications in the Cigna Pathwell Specialty program may be available.[7]

Start date	Medication name	Medication type	Preferred options
January 1	BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
	BENDEKA[5]	Cancer	generic bendamustine, TREANDA
	CHORIONIC GONADOTROPIN 10,000 UNIT[6]	Infertility	PREGNYL
	LEUPROLIDE DEPOT 22.5 MG VIAL (by Cipla)[5]	Cancer	ELIGARD, FIRMAGON
	LUTRATE DEPOT 22.5 MG VIAL[5]	Cancer	ELIGARD, FIRMAGON
	NOVAREL[5]	Infertility	PREGNYL
	ROLVEDON[5]	Blood Pressure/Heart Medications	NEULASTA§, NYVEPRIA‡, UDENYCA‡, FULPHILA†,‡, ZIEXTENZO†,‡
	VIVIMUSTA[5]	Cancer	generic bendamustine, TREANDA

** **These changes apply to plans that include the Cigna Pathwell Specialty program.** For other plans, these medications will be non-preferred under the medical benefit (see above). Log in to the myCigna app or myCigna.com to see if your plan includes this program.

§ This medication is preferred on all drug lists except the Cigna Healthcare Total Savings Prescription Drug List.

† This medication is only preferred on the Cigna Healthcare Total Savings Prescription Drug List. It's not preferred on other drug lists.

‡ This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.



1. **Important information about the changes in this flyer.** Some state laws may delay when these changes start. For example, if a change is scheduled for January 1 but your new plan year begins November 1, the change won't apply until November 1. To see if these laws apply to you, call the number on your ID card.
   - **Connecticut, Louisiana, Nevada, New York, and Texas:** Your plan may need to keep covering your medication as it is now until your new plan year starts.
   - **Illinois and Iowa:** If Cigna Healthcare has already approved your medication, your plan may need to keep covering it as it is now until your new plan year starts.
2. Not all plans include prior authorization, quantity limits, Step Therapy, or age requirements for certain medications. Log in to the myCigna app or myCigna.com to see if your plan includes these.
3. If your doctor doesn't think a different medication is right for you, they can ask us to review whether this medication can be covered.
4. **If you currently have approval (prior authorization) for this medication, your plan will only cover it through December 31 or until that approval ends – whichever comes first.**
5. **If you currently have approval (prior authorization/precertification) for this medication, your plan will cover it until that approval ends.**
6. **This change only affects people who start this medication on or after January 1.** If you're already taking it, you won't be affected.
7. **Not all plans offer the Cigna Pathwell Specialty program.** Log in to the myCigna app or myCigna.com to see if your plan includes it. If your doctor doesn't think a different medication is right for you, they can ask us to review whether this medication can be covered.

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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