

# Medication Coverage Changes

For 2025

These are the medication coverage changes Cigna Healthcare<sup>SM</sup> is making in 2025.<sup>1</sup> Medications are listed alphabetically by drug list (formulary) name.

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

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For patients who have coverage through their employer

## Cigna Healthcare Standard Prescription Drug List

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

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

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACIPHEX <sup>3</sup>	Gastrointestinal/ Heartburn	rabeprazole
	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	ALTACE <sup>3</sup>	Blood Pressure/ Heart Medications	ramipril

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



For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

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

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

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

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

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

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For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

## Cigna Healthcare Performance Prescription Drug List

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

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

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

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

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

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

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For patients who have coverage through their employer

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

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

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

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For patients who have coverage through their employer

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

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

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

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For patients who have coverage through their employer

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

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

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

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

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

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



For patients who have coverage through their employer

## Cigna Healthcare Value Prescription Drug List

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

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

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/ Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC

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



For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

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

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

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

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

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

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



For patients who have coverage through their employer

## Cigna Healthcare Advantage Prescription Drug List

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

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

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

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

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

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

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For patients who have coverage through their employer

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

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

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

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For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

## Cigna Healthcare Legacy (Standard) Prescription Drug List

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

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

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

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

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

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

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



For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class
January 1	XANAX	Anxiety/Depression/Bipolar Disorder
	XANAX XR	Anxiety/Depression/Bipolar Disorder
	ZESTRIL <sup>3</sup>	Blood Pressure/Heart Medications

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

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

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

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

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



For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class
January 1	URIBEL CAPSULE	Infections
	URIBEL TABLET	Infections
	urogesic-blue	Infections

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



For patients who have coverage through their employer

## Cigna Healthcare Legacy (Performance) Prescription Drug List

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

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

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

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

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

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

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



For patients who have coverage through their employer

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

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

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

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





For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class
January 1	XANAX XR	Anxiety/Depression/Bipolar Disorder
	ZESTRIL <sup>3</sup>	Blood Pressure/Heart Medications

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

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

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

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

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



For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class
January 1	URIBEL TABLET	Infections
	urogesic-blue	Infections

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



For patients who have coverage through their employer

## Cigna Healthcare Total Savings Prescription Drug List

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

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

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

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	ACZONE 7.5 GEL PUMP	Skin Conditions	use generic products (e.g. dapsone; tretinoin; clindamycin-benzoyl peroxide)
	BIDIL	Blood Pressure/Heart Medications	isosorbide-hydralazine
	BRAFTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	CARDIZEM LA	Blood Pressure/Heart Medications	diltiazem 24 hr er (la)

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



For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	CELLCEPT 200 MG/ML ORAL SUSPENSION	Transplant Medications	mycophenolate
	CELLCEPT 250 MG CAPSULE	Transplant Medications	mycophenolate
	CELLCEPT 500 MG TABLET	Transplant Medications	mycophenolate
	CLENPIQ	Gastrointestinal/ Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg- prep
	DARAPRIM	Infections	pyrimethamine tablet
	DICLEGIS	Gastrointestinal/ Heartburn	doxylamine-pyridoxine
	DILAUDID TABLET <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone tablet
	DILAUDID 5 MG/5 ML ORAL LIQUID <sup>3</sup>	Pain Relief and Inflammatory Disease	hydromorphone solution
	EMEND 80 MG CAPSULE	Gastrointestinal/ Heartburn	aprepitant
	EMEND TRIPACK	Gastrointestinal/ Heartburn	aprepitant
	EPANED	Blood Pressure/ Heart Medications	enalapril
	ESTRACE TABLET	Hormonal Agents	estradiol
	FANAPT <sup>2</sup>	Schizophrenia/ Anti-Psychotics	REXULTI, aripiprazole, olanzapine tablet, paliperidone er, quetiapine, risperidone, ziprasidone
	FLOMAX	Urinary Tract Conditions	tamsulosin
	GRALISE ER 300 MG, 600 MG TABLET	Pain Relief and Inflammatory Disease	gabapentin er, pregabalin
	JADENU	Miscellaneous	deferasirox
	JADENU SPRINKLE	Miscellaneous	deferasirox granule packet
	JENTADUETO <sup>3</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, , metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin-metformin er

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



For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	JENTADUETO XR <sup>3</sup>	Diabetes	JANUMET, JANUMET XR, JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet
	LO LOESTRIN FE	Contraception Products	generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-iron)
	LOMOTIL	Gastrointestinal/Heartburn	diphenoxylate-atropine
	MEKTOVI <sup>2</sup>	Cancer	TAFINLAR, ZELBORAF, MEKINIST, COTELLIC
	NATROBA	Infections	spinosad
	PROVERA	Hormonal Agents	medroxyprogesterone
	RAPAMUNE	Transplant Medications	sirolimus
	RELISTOR TABLET <sup>3</sup>	Gastrointestinal/Heartburn	SYMPROIC, MOVANTI, lubiprostone
	SOMA	Pain Relief and Inflammatory Disease	carisoprodol
	SUFLAVE	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	SUTAB	Gastrointestinal/Heartburn	gavilyte-c, gavilyte-g, gavilyte-n, peg 3350-electrolyte, peg 3350-electrolyte, peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid, sodium sulfate-potassium sulfate-magnesium sulfate, peg-prep
	TRADJENTA <sup>3</sup>	Diabetes	JANUVIA, metformin 500 mg, 850 mg, 1000 mg tablet, saxagliptin
	TRUDHESA <sup>3</sup>	Pain Relief and Inflammatory Disease	sumatriptan
	VALIUM	Anxiety/Depression/Bipolar Disorder	diazepam

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



For patients who have coverage through their employer

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

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

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

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

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

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



For patients who have coverage through their employer

## Cigna Healthcare National Preferred Prescription Drug List

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

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

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



For patients who have coverage through their employer

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

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

Date Change Starts	Medication Name	Drug Class	Generics and/or Preferred Medications
January 1	BASAGLAR KWIKPEN U-100	Diabetes	INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
	BASAGLAR TEMPO PEN U-100	Diabetes	INSULIN GLARGINE-YFGN, SEMGLEE (YFGN) PEN, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
	DYMISTA <sup>3</sup>	Allergy/Nasal Sprays	azelastine-fluticasone
	EMEND IV	Gastrointestinal/Heartburn	fosaprepitant
	FANAPT <sup>12</sup>	Schizophrenia/Anti-Psychotics	<ul style="list-style-type: none"> <li>• Only affects customers filling a prescription for this medication for the first time on or after January 1</li> <li>• aripiprazole, asenapine, lurasidone, olanzapine, quetiapine, risperidone, ziprasidone</li> </ul>
	FORTEO <sup>3</sup>	Osteoporosis Products	teriparatide
	HUMALOG 100 UNIT/ML VIAL <sup>13</sup>	Diabetes	<ul style="list-style-type: none"> <li>• Only affects customers filling a prescription for this medication for the first time on or after January 1</li> <li>• INSULIN LISPRO</li> </ul>
	HUMIRA <sup>4</sup> , HUMIRA PEDIATRIC <sup>4</sup> (made by AbbVie)	Pain Relief and Inflammatory Disease	<ul style="list-style-type: none"> <li>• Only affects customers filling a prescription for this medication for the first time on or after January 1</li> <li>• ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF), ADALIMUMAB-RYVK(CF) AUTO-INJECTOR CYLTEZO(CF), SIMLANDI(CF) AUTO-INJECTOR</li> </ul>
	HYRIMOZ(CF) <sup>3</sup> , HYRIMOZ(CF) PEDIATRIC CROHN'S <sup>3</sup> , HYRIMOZ(CF) PEN <sup>3</sup> , HYRIMOZ(CF) PEN CROHN-UC START <sup>3</sup> , HYRIMOZ(CF) PEN PSORIASIS <sup>3</sup> (made by Sandoz)	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ(CF), ADALIMUMAB-ADB(M)(CF), ADALIMUMAB-RYVK(CF) AUTO-INJECTOR, CYLTEZO(CF), SIMLANDI(CF) AUTO-INJECTOR
	KARBINAL ER <sup>3</sup>	Allergy/Nasal Sprays	carbinoxamine, cetirizine, clemastine, desloratadine, diphenhydramine, fexofenadine, levocetirizine
LUMIGAN <sup>3</sup>	Eye Conditions	bimatoprost, latanoprost, tafluprost, travoprost	

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





For patients who have coverage through their employer

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

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

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

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



For patients who have coverage through their employer

## Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty® Drug List.<sup>6,11</sup> However, there are preferred medications available that are used to treat the same condition. They're listed below. If you feel a preferred medication isn't right for your patient, your office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medications
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	PLERIXAFOR
ASCENIV*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYRINGE/AUTO-INJECTOR, TEZSPIRE*, XOLAIR*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA**	NYVEPRIA*, NEULASTA*+, NEULASTA ONPRO*+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	FULPHILA*^, NYVEPRIA*, NEULASTA**+, NEULASTA ONPRO**+, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*, ZIEXTENZO*^
GAMMAGARD LIQUID*, GAMMAGARD S/D*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANYGZA*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3

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

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

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

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

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



For patients who have coverage through their employer

## Cigna Pathwell Specialty Drug List (cont.)

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

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

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

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

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

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

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

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

Date Review Initiated	Medication Name/Class	Review Completion Date	Pathwell Specialty Network Required	Plans Affected
05/08/2024	<b>TYENNE</b> (Inflammatory Conditions)	12/16/2024	Yes	C, I
05/08/2024	<b>DOCIVYX</b> (Cancer)	11/04/2024	No	C, I
05/22/2024	<b>ANKTIVA</b> (Cancer)	11/18/2024	No	C, I
06/05/2024	<b>TOFIDENCE</b> (Inflammatory Conditions)	12/16/2024	Yes	C, I
07/10/2024	<b>RYTELO</b> (Cancer)	01/06/2025	Yes	C, I
07/24/2024	<b>PIASKY</b> (Paroxysmal Nocturnal Hemoglobinuria ((PNH))	01/20/2025	Yes	C, I
09/04/2024	<b>TEVIMBRA</b> (Cancer)	12/17/2024	Yes	C, I

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

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

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

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
adapalene
almotriptan
amlodipine-valsartan-hctz
amphetamine sulfate
aprepitant
ATRIPLA
azelaic acid
bromfenac sodium
calcipotriene cream, ointment, solution
carbidopa-levodopa-entacapone
cefaclor er
chlorpromazine
clobetasol emollient foam
clobetasol emulsion foam
clocortolone pivalate
colesevelam
demeclocycline
desoximetasone
dexmethylphenidate er
eletriptan
erythromycin ethylsuccinate
erythromycin-benzoyl peroxide
fenoprofen 600 mg tablet
fentanyl patch

Medication Name
fluvastatin
fluvastatin er
frovatriptan
gatifloxacin eye drops
griseofulvin
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
levoxyl
linezolid 600 mg tablet
malathion
mefenamic acid
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine

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



**For patients who purchase their own health plan coverage**

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

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

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

Medication Name
nicardipine
niva thyroid
np thyroid
octreotide acetate
opium tincture
oxymorphone
oxymorphone er
paromomycin
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
PREZISTA 600 MG, 800 MG TABLET
promethegan
quinidine gluconate
risedronate

Medication Name
risedronate dr
SELZENTRY 150 MG, 300 MG TABLET
SEREVENT
spinosad
sulfadiazine
sumatriptan nasal spray
tazarotene
testosterone
tetracycline
thyroid
topiramate er
tovet emollient foam
tranlycypromine
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

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

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET
budesonide 2 mg rectal foam
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg

Medication Name
doxepin 5% cream
FARESTON 60 MG TABLET
GRASTEK 2,800 BAU SL TABLET
insulin glargine-yfgn UI00 pen, vial

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



For patients who purchase their own health plan coverage

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

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

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

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

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

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR

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



For patients who purchase their own health plan coverage

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

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

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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





For patients who purchase their own health plan coverage

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

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

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

Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)
adapalene
almotriptan
amlodipine-valsartan-hctz
amphetamine sulfate
aprepitant
azelaic acid
BIKTARVY
bromfenac sodium
calcipotriene cream, ointment, solution
carbidopa-levodopa-entacapone
cefaclor er
chlorpromazine
CHORIONIC GONADOTROPIN
clobetasol emollient foam
clobetasol emulsion foam
clocortolone pivalate
colesevelam
COMPLERA
demeclocycline
desoximetasone
dexmethylphenidate er
DOVATO

Medication Name
efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)
eletriptan
erythromycin ethylsuccinate
erythromycin-benzoyl peroxide
fenoprofen 600 mg tablet
fentanyl patch
fluvastatin
fluvastatin er
frovatriptan
gatifloxacin eye drops
GENVOYA
griseofulvin
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
JULUCA
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
levoxyl
linezolid 600 mg tablet

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



**For patients who purchase their own health plan coverage**

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

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

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

Medication Name	Medication Name
malathion	promethegan
mefenamic acid	quinidine gluconate
meperidine	risedronate
meprobamate	risedronate er
methazolamide	SEREVENT*
methylphenidate er (la)	spinosad
methylphenidate cd	STRIBILD
methylphenidate er (cd)	sulfadiazine
methylphenidate la	sumatriptan nasal spray
naftifine	SYMTUZA
nicardipine	tazarotene
niva thyroid	testosterone
np thyroid	tetracycline
octreotide acetate	thyroid
ODEFSEY	topiramate er
opium tincture	tovet emollient foam
oxymorphone	tranylcypromine
oxymorphone er	TRIUMEQ
paromomycin	TRIUMEQ PD
pramipexole er	verapamil er pm
praziquantel	zolmitriptan tablet
prednisolone sodium phophate odt	zolmitriptan odt
prednisone intensol	

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



For patients who purchase their own health plan coverage

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

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

Medication Name	Medication Name
AURYXIA 210 MG TABLET	prudoxin 5% cream
AUVELITY ER 45-105 MG TABLET	RAGWITEK SUBLINGUAL TABLET
budesonide 2 mg rectal foam	RECORLEV 150 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	RELION NOVOLIN R U-100 FLEXPEN
doxepin 5% cream	RYALTRIS 665-25 MCG SPRAY
FARESTON 60 MG TABLET	SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
GRASTEK 2,800 BAU SL TABLET	SYMJEPI 0.3 MG/0.3 ML SYRINGE
insulin glargine-yfgn U100 pen, vial	TAVNEOS 10 MG CAPSULE
KERENDIA 10 MG, 20 MG TABLET	TLANDO 112.5 MG CAPSULE
KRINTAFEL 150 MG TABLET	toremifene 60 mg tablet
LUCEMYRA 0.18 MG TABLET	UCERIS 2 MG RECTAL FOAM
MIEBO 100% EYE DROPS	VERKAZIA 0.1% EYE EMULSION
NORLIQVA 1 MG/ML SOLUTION	VTAMA 1% CREAM
NOVOLIN R 100 UNIT/ML FLEXPEN	XOSPATA 40 MG TABLET
NUEDEXTA 20-10 MG CAPSULE	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	zonalon 5% cream
OMNIPOD DASH PODS (GEN 4) 5 PACK	ZONISADE 100 MG/5 ML ORAL SUSPENSION
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	ZTALMY 50 MG/ML SUSPENSION
ORALAIR 300 IR SUBLINGUAL TABLET	

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



For patients who purchase their own health plan coverage

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

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

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

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

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



For patients who purchase their own health plan coverage

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)
adapalene
almotriptan
amlodipine-valsartan-hctz
amphetamine sulfate
aprepitant
azelaic acid
BIKTARVY
bromfenac sodium
calcipotriene cream, ointment, solution
carbidopa-levodopa-entacapone
cefaclor er
chlorpromazine
CHORIONIC GONADOTROPIN
clobetasol emollient foam
clobetasol emulsion foam
clocortolone pivalate
colesevelam
COMPLERA
demeclocycline
desoximetasone
dexmethylphenidate er
DOVATO
efavirenz-emtricitabine-tenofovir (generic ATRIPLA)

Medication Name
efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)
eletriptan
erythromycin ethylsuccinate
erythromycin-benzoyl peroxide
fenoprofen 600 mg tablet
fentanyl patch
fluvastatin
fluvastatin er
frovatriptan
gatifloxacin eye drops
GENVOYA
griseofulvin
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
JULUCA
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
levoxyl
linezolid 600 mg tablet
malathion
mefenamic acid

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine
nicardipine
niva thyroid
np thyroid
octreotide acetate
ODEFSEY
opium tincture
oxymorphone
oxymorphone er
paromomycin
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
promethegan
quinidine gluconate

Medication Name
risedronate
risedronate dr
SEREVENT
spinosad
STRIBILD
sulfadiazine
sumatriptan nasal spray
SYMTUZA
tazarotene
testosterone
tetracycline
thyroid
topiramate er
tovet emollient foam
tranylcypromine
TRIUMEQ
TRIUMEQ PD
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

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



For patients who purchase their own health plan coverage

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

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

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET
budesonide 2 mg rectal foam
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg
doxepin 5% cream
FARESTON 60 MG TABLET
GRASTEK 2,800 BAU SL TABLET
insulin glargine-yfgn UI00 pen, vial
KERENDIA 10 MG, 20 MG TABLET
KRINTAFEL 150 MG TABLET
LUCEMYRA 0.18 MG TABLET
MIEBO 100% EYE DROPS
NORLIQVA 1 MG/ML SOLUTION
NOVOLIN R 100 UNIT/ML FLEXPEN
NUEDEXTA 20-10 MG CAPSULE
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
OMNIPOD CLASSIC PODS(GEN3) 5 PACK
OMNIPOD DASH PODS (GEN 4) 5 PACK
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
ORALAIR 300 IR SUBLINGUAL TABLET
prudoxin 5% cream

Medication Name
RAGWITEK SUBLINGUAL TABLET
RECORLEV 150 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN
RYALTRIS 665-25 MCG SPRAY
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
SYMJEPI 0.3 MG/0.3 ML SYRINGE
TAVNEOS 10 MG CAPSULE
TLANDO 112.5 MG CAPSULE
toremifene 60 mg tablet
UCERIS 2 MG RECTAL FOAM
VERKAZIA 0.1% EYE EMULSION
VTAMA 1% CREAM
XOSPATA 40 MG TABLET
XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
zonalon 5% cream
ZONISADE 100 MG/5 ML ORAL SUSPENSION
ZTALMY 50 MG/ML SUSPENSION

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





For patients who purchase their own health plan coverage

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

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

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)
adapalene
almotriptan
amlodipine-valsartan-hctz
amphetamine sulfate
aprepitant
BIKTARVY
bromfenac sodium
calcipotriene cream, ointment, solution
carbidopa-levodopa-entacapone
cefaclor er
chlorpromazine
clobetasol emollient foam
clobetasol emulsion foam
clocortolone pivalate
COMPLERA
demeclocycline
desoximetasone
dexmethylphenidate er
DOVATO
efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)
erythromycin ethylsuccinate
erythromycin-benzoyl peroxide

Medication Name
fenoprofen 600 mg tablet
fentanyl patch
fluvastatin
fluvastatin er
frovatriptan
gatifloxacin eye drops
GENVOYA
griseofulvin
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
JULUCA
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
linezolid 600 mg tablet
malathion
mefenamic acid
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd

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



**For patients who purchase their own health plan coverage**

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

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

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

Medication Name
methylphenidate er (cd)
methylphenidate la
naftifine
nicardipine
octreotide acetate
ODEFSEY
opium tincture
oxymorphone
oxymorphone er
paromomycin
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
promethegan
quinidine gluconate
risedronate
risedronate dr

Medication Name
spinosad
STRIBILD
sulfadiazine
sumatriptan nasal spray
SYMTUZA
tazarotene
testosterone
tetracycline
topiramate er
tovet emollient foam
tranlycypromine
TRIUMEQ
TRIUMEQ PD
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

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

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET

Medication Name
budesonide 2 mg rectal foam
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg

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



For patients who purchase their own health plan coverage

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

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

Medication Name
doxepin 5% cream
FARESTON 60 MG TABLET
GRASTEK 2,800 BAU SL TABLET
insulin glargine-yfgh UIOO pen, vial
KERENDIA 10 MG, 20 MG TABLET
KRINTAFEL 150 MG TABLET
LUCEMYRA 0.18 MG TABLET
MIEBO 100% EYE DROPS
NORLIQVA 1 MG/ML SOLUTION
NOVOLIN R 100 UNIT/ML FLEXPEN
NUDEXTA 20-10 MG CAPSULE
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
OMNIPOD CLASSIC PODS(GEN3) 5 PACK
OMNIPOD DASH PODS (GEN 4) 5 PACK
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
ORALAIR 300 IR SUBLINGUAL TABLET
prudoxin 5% cream
RAGWITEK SUBLINGUAL TABLET

Medication Name
RECORLEV 150 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN
RYALTRIS 665-25 MCG SPRAY
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
SYMJEPI 0.3 MG/0.3 ML SYRINGE
TAVNEOS 10 MG CAPSULE
TLANDO 112.5 MG CAPSULE
toremifene 60 mg tablet
UCERIS 2 MG RECTAL FOAM
VERKAZIA 0.1% EYE EMULSION
VTAMA 1% CREAM
XOSPATA 40 MG TABLET
XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
zonalon 5% cream
ZONISADE 100 MG/5 ML ORAL SUSPENSION
ZTALMY 50 MG/ML SUSPENSION

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

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR

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



For patients who purchase their own health plan coverage

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

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

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
adapalene
almotriptan
amlodipine-valsartan-hctz
amphetamine sulfate
aprepitant
ATRIPLA
azelaic acid
bromfenac sodium
calcipotriene cream, ointment, solution
carbidopa-levodopa-entacapone
cefaclor er
chlorpromazine
clobetasol emollient foam
clobetasol emulsion foam
clocortolone pivalate
colesevelam
demeclocycline
desoximetasone
dexmethylphenidate er
eletriptan
erythromycin ethylsuccinate
erythromycin-benzoyl peroxide
fenoprofen 600 mg tablet
fentanyl patch

Medication Name
fluvastatin
fluvastatin er
frovatriptan
gatifloxacin eye drops
griseofulvin
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
levoxyl
linezolid 600 mg tablet
malathion
mefenamic acid
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
nicardipine
niva thyroid
np thyroid
octreotide acetate
opium tincture
oxymorphone
oxymorphone er
paromomycin
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
PREZISTA 600 MG, 800 MG TABLET
promethegan
quinidine gluconate
risedronate

Medication Name
risedronate dr
SELZENTRY 150 MG, 300 MG TABLET
SEREVENT
spinosad
sulfadiazine
sumatriptan nasal spray
tazarotene
testosterone
tetracycline
thyroid
topiramate er
tovet emollient foam
tranlycypromine
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

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

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET
budesonide 2 mg rectal foam
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg

Medication Name
doxepin 5% cream
FARESTON 60 MG TABLET
GRASTEK 2,800 BAU SL TABLET
insulin glargine-yfgn UI00 pen, vial

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



**For patients who purchase their own health plan coverage**

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

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

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

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

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

Medication Name	Generics and/or Preferred Brand Medications
CELONTIN	methsuximide
FANAPT <sup>3</sup>	aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone
FLOVENT DISKUS	ALVESCO, ARNUITY ELLIPTA, QVAR
FLOVENT HFA	ALVESCO, ARNUITY ELLIPTA, QVAR

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





**For patients who purchase their own health plan coverage**

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

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

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

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



For patients who purchase their own health plan coverage

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

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

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

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

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name	Medication Name
malathion	promethegan
mefenamic acid	quinidine gluconate
meperidine	risedronate
meprobamate	risedronate dr
methazolamide	SEREVENT*
methylphenidate er (la)	spinosad
methylphenidate cd	STRIBILD
methylphenidate er (cd)	sulfadiazine
methylphenidate la	sumatriptan nasal spray
naftifine	SYMTUZA
nicardipine	tazarotene
niva thyroid	testosterone
np thyroid	tetracycline
octreotide acetate	thyroid
ODEFSEY	topiramate er
opium tincture	tovet emollient foam
oxymorphone	tranylcypromine
oxymorphone er	TRIUMEQ
paromomycin	TRIUMEQ PD
pramipexole er	verapamil er pm
praziquantel	zolmitriptan tablet
prednisolone sodium phosphate odt	zolmitriptan odt
prednisone intensol	

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



For patients who purchase their own health plan coverage

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

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

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET
budesonide 2 mg rectal foam
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg
doxepin 5% cream
FARESTON 60 MG TABLET
GRASTEK 2,800 BAU SL TABLET
insulin glargine-yfqn U100 pen, vial
KERENDIA 10 MG, 20 MG TABLET
KRINTAFEL 150 MG TABLET
LUCEMYRA 0.18 MG TABLET
MIEBO 100% EYE DROPS
NORLIQVA 1 MG/ML SOLUTION
NOVOLIN R 100 UNIT/ML FLEXPEN
NUEDEXTA 20-10 MG CAPSULE
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
OMNIPOD CLASSIC PODS(GEN3) 5 PACK
OMNIPOD DASH PODS (GEN 4) 5 PACK
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
ORALAIR 300 IR SUBLINGUAL TABLET

Medication Name
prudoxin 5% cream
RAGWITEK SUBLINGUAL TABLET
RECORLEV 150 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN
RYALTRIS 665-25 MCG SPRAY
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
SYMJEPI 0.3 MG/0.3 ML SYRINGE
TAVNEOS 10 MG CAPSULE
TLANDO 112.5 MG CAPSULE
toremifene 60 mg tablet
UCERIS 2 MG RECTAL FOAM
VERKAZIA 0.1% EYE EMULSION
VTAMA 1% CREAM
XOSPATA 40 MG TABLET
XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
zonalon 5% cream
ZONISADE 100 MG/5 ML ORAL SUSPENSION
ZTALMY 50 MG/ML SUSPENSION

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



For patients who purchase their own health plan coverage

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

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

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

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

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



For patients who purchase their own health plan coverage

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
abacavir-lamivudine-zidovudine (generic TRIZIVIR)
adapalene
almotriptan
amlodipine-valsartan-hctz
amphetamine sulfate
aprepitant
azelaic acid
BIKTARVY
bromfenac sodium
calcipotriene cream, ointment, solution
carbidopa-levodopa-entacapone
cefaclor er
chlorpromazine
CHORIONIC GONADOTROPIN
clobetasol emollient foam
clobetasol emulsion foam
clocortolone pivalate
colesevelam
COMPLERA
demeclocycline
desoximetasone
dexmethylphenidate er
DOVATO
efavirenz-emtricitabine-tenofovir (generic ATRIPLA)

Medication Name
efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)
eletriptan
erythromycin ethylsuccinate
erythromycin-benzoyl peroxide
fenoprofen 600 mg tablet
fentanyl patch
fluvastatin
fluvastatin er
frovatriptan
gatifloxacin eye drops
GENVOYA
griseofulvin
griseofulvin ultramicrosize
GYNAZOLE I
hydrocortisone butyrate
JULUCA
ketoprofen
lamotrigine er
lamotrigine odt
lansoprazole-amoxicillin-clarithromycin
levoxyl
linezolid 600 mg tablet
malathion
mefenamic acid

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



For patients who purchase their own health plan coverage

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

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

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

Medication Name
meperidine
meprobamate
methazolamide
methylphenidate er (la)
methylphenidate cd
methylphenidate er (cd)
methylphenidate la
naftifine
nicardipine
niva thyroid
np thyroid
octreotide acetate
ODEFSEY
opium tincture
oxymorphone
oxymorphone er
paromomycin
pramipexole er
praziquantel
prednisolone sodium phosphate odt
prednisone intensol
promethegan

Medication Name
quinidine gluconate
risedronate
risedronate dr
SEREVENT
spinosad
STRIBILD
sulfadiazine
sumatriptan nasal spray
SYMTUZA
tazarotene
testosterone
tetracycline
thyroid
topiramate er
tovet emollient foam
tranlycypromine
TRIUMEQ
TRIUMEQ PD
verapamil er pm
zolmitriptan tablet
zolmitriptan odt

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





For patients who purchase their own health plan coverage

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

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

Medication Name
AURYXIA 210 MG TABLET
AUVELITY ER 45-105 MG TABLET
budesonide 2 mg rectal foam
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg
doxepin 5% cream
FARESTON 60 MG TABLET
GRASTEK 2,800 BAU SL TABLET
insulin glargine-yfgn UI00 pen, vial
KERENDIA 10 MG, 20 MG TABLET
KRINTAFEL 150 MG TABLET
LUCEMYRA 0.18 MG TABLET
MIEBO 100% EYE DROPS
NORLIQVA 1 MG/ML SOLUTION
NOVOLIN R 100 UNIT/ML FLEXPEN
NUEDEXTA 20-10 MG CAPSULE
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
OMNIPOD CLASSIC PODS(GEN3) 5 PACK
OMNIPOD DASH PODS (GEN 4) 5 PACK
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
ORALAIR 300 IR SUBLINGUAL TABLET
prudoxin 5% cream

Medication Name
RAGWITEK SUBLINGUAL TABLET
RECORLEV 150 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN
RYALTRIS 665-25 MCG SPRAY
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL
SYMJEPI 0.3 MG/0.3 ML SYRINGE
TAVNEOS 10 MG CAPSULE
TLANDO 112.5 MG CAPSULE
toremifene 60 mg tablet
UCERIS 2 MG RECTAL FOAM
VERKAZIA 0.1% EYE EMULSION
VTAMA 1% CREAM
XOSPATA 40 MG TABLET
XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
ZENZEDI 2.5 MG, 7.5 MG, 15 M20 MG, 30 MG TABLET
zonalon 5% cream
ZONISADE 100 MG/5 ML ORAL SUSPENSION
ZTALMY 50 MG/ML SUSPENSION

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



For patients who purchase their own health plan coverage

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

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

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

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

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR 13	Vaccines

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



**For patients who purchase their own health plan coverage**

## Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty® Drug List.<sup>6,11</sup> However, there are preferred medications available that are used to treat the same condition. They're listed below. If you feel a preferred medication isn't right for your patient, your office can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medication(s)
ALYGLO*	BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
ASCENIV*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
CINQAIR*	DUPIXENT, FASENRA PEN, NUCALA SYRINGE/AUTO-INJECTOR, TEZSPIRE*, XOLAIR*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
FYLNETRA*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
GAMMAGARD LIQUID*, GAMMAGARD S/D*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*

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

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

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



**For patients who purchase their own health plan coverage**

## Cigna Pathwell Specialty Drug List (cont.)

Medication Name (not covered)	Preferred Medication(s)
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STIMUFEND*	NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3
SUSVIMO	AVASTIN (REPACKAGED, INTRAVITREAL INJ)

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

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

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

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

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

Date Review Initiated	Medication Name/Class	Review Completion Date	Pathwell Specialty Network Required	Plans Affected
05/08/2024	<b>TYENNE</b> (Inflammatory Conditions)	12/16/2024	Yes	C, I
05/08/2024	<b>DOCIVYX</b> (Cancer)	11/04/2024	No	C, I
05/22/2024	<b>ANKTIVA</b> (Cancer)	11/18/2024	No	C, I
06/05/2024	<b>TOFIDENCE</b> (Inflammatory Conditions)	12/16/2024	Yes	C, I
07/10/2024	<b>RYTELO</b> (Cancer)	01/06/2025	Yes	C, I
07/24/2024	<b>PIASKY</b> (Paroxysmal Nocturnal Hemoglobinuria ((PNH))	01/20/2025	Yes	C, I
09/04/2024	<b>TEVIMBRA</b> (Cancer)	12/17/2024	Yes	C, I

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

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



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

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

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# Discrimination is against the law.

## Medical coverage

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

### Cigna Healthcare:

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

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

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

### Cigna Healthcare

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

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

### U.S. Department of Health and Human Services

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

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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