Medication Coverage Changes

For 2027

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

Use the chart below to find your patient's drug list. Medications are listed by the type of change, in alphabetical order. There may also be changes to medications covered under the medical benefit, which appear at the end of this document.

If one of your patients with Cigna Healthcare pharmacy or medical benefits is affected by a change, we'll send you and your patient a letter with details on what to do next.

Cigna Healthcare Standard Prescription Drug List

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

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

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25M G TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory

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

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

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

Start date	Medication name	Medication type
January 1	ZELBORAF	Cancer

Medications no longer covered.[3]

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

* This is a biosimilar version of the medication

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

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

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

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

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

Cigna Healthcare Performance Prescription Drug List

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

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

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML, 30 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory

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

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

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

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

Medications no longer covered.[3]

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

* This is a biosimilar version of the medication

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

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

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

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

* This is a biosimilar version of the medication

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

Cigna Healthcare Value Prescription Drug List

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

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

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory

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

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

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

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

Medications no longer covered.[3]

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

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

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

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

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

* This is a biosimilar version of the medication

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

Cigna Healthcare Advantage Prescription Drug List

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

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

Medications with a quantity limit.[2]

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

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

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

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

Start date	Medication name	Medication type
January 1	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

Medications no longer covered.[3]

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

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

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

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

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

* This is a biosimilar version of the medication

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

Cigna Healthcare Legacy (Standard) Prescription Drug List

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

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

Medications moving to a higher tier.*

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

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

† This is a biosimilar version of the medication.

Medications that require prior authorization.[2]

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

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

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

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

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

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

Cigna Healthcare Legacy (Performance) Prescription Drug List

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

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

Medications moving to a higher tier.*

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

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

† This is a biosimilar version of the medication.

Medications that require prior authorization.[2]

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

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

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

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

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
	EXDENSUR 100 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 10 MG/0.5 ML, 30 MG/ML SYRINGE	Asthma/COPD/Respiratory
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	ZELBORAF	Cancer

Cigna Healthcare Total Savings Prescription Drug List

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

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

Medications with a quantity limit.[2]

Start date	Medication name	Medication type
January 1	ADBRY 150 MG/ML SYRINGE	Skin Conditions
	ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions
	BRAFTOVI	Cancer
	COTELLIC	Cancer
	DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
	DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
	EBGLYSS 250 MG/2 ML PEN, SYRINGE	Pain Relief and Inflammatory Disease
	FASENRA 30 MG/ML PEN	Asthma/COPD/Respiratory
	NEMLUVIO 30 MG PEN	Skin Conditions
	NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/Respiratory
	NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/Respiratory
	RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
	ROZLYTREK	Cancer
	TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory
	XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/Respiratory
	XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/Respiratory

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

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

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

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

Medications no longer covered.[3]

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

* This is a biosimilar version of the medication

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

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

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

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

* This is a biosimilar version of the medication

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

Changes to medications covered under the medical benefit

Medications that are non-preferred.*

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

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

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

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

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

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

§ Preferred on all drug lists except the Cigna Healthcare Total Savings Prescription Drug List.
† Preferred only on the Cigna Healthcare Total Savings Prescription Drug List. Not preferred on other drug lists.
‡ Preferred only on the Cigna Healthcare Standard, Performance, Legacy (Standard), Legacy (Performance), and Total Savings Prescription Drug Lists. Not preferred on other drug lists.

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

1. **Important information about the changes in this document.** Some state laws may delay when these changes start. For example, if a change is scheduled for January 1 but your patient's new plan year begins November 1, the change won't apply until November 1. To see if these laws apply, call the number on the patient's ID card.
   - **Connecticut, Louisiana, Nevada, New York, and Texas:** Plans may need to continue covering the medication as it is now until the new plan year starts.
   - **Illinois and Iowa:** If Cigna Healthcare has already approved the medication, plans may need to continue covering it as it is now until the new plan year starts.
2. Not all plans include prior authorization, quantity limits, Step Therapy, or age requirements for certain medications. Patients can log in to the myCigna app or myCigna.com to see if their plan includes these.
3. If a different medication isn't appropriate, a coverage review can be requested for this medication..
4. **If a patient currently has prior authorization for this medication, coverage will continue until the change starts or until that approval ends—whichever comes first.**
5. **If a patient currently has prior authorization/precertification for this medication, coverage will continue until that approval ends.**
6. **This only affects patients who begin taking this medication after the change starts.** Patients already taking the medication are not affected.
7. **Not all plans include the Cigna Pathwell Specialty program.** Patients can log in to the myCigna app or myCigna.com to see if their plan includes it. If a different medication isn't appropriate, a coverage review can be requested for this medication.

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

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

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