



Medication Coverage Changes

Starting January 1, 2024

These are the medication coverage changes Cigna HealthcareSM is making on January 1, 2024.¹ Changes are listed by drug list name/state, and medications are listed alphabetically by the type of change that's taking place. Use the chart below to find what page your drug list is on.

If you have Cigna Healthcare-administered benefits and you're affected by one of these changes, we'll send you a letter with specific information on next steps. You can also view the 2024 drug lists at Cigna.com/ifp-drug-list.

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Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 4-Tier Prescription Drug List - for Utah

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|--------------------|-------------------------------|
| adefovir dipivoxil | fondaparinux sodium |
| alosetron hcl | imatinib mesylate |
| aminocaproic acid | leuprolide acetate |
| bexarotene capsule | metyrosine |
| capecitabine | penicillamine tablet |
| carglumic acid | riluzole |
| enoxaparin sodium | sildenafil citrate |
| entecavir | temozolomide |
| etoposide | tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME | MEDICATION NAME |
|-----------------|--------------------------|
| BYDUREON | TRULICITY |
| BYETTA | metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME | MEDICATION NAME |
|---|---|
| AMPYRA ER 10MG TABLET | CORLANOR 5MG & 7.5MG TABLET |
| AUBAGIO 7MG & 14MG TABLET | COTELLIC 20MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET | dalfampridine er 10mg tablet |
| BAFIERTAM DR 95MG CAPSULE | DAURISMO 25MG & 100MG TABLET |
| BRAFTOVI 75MG CAPSULE | dimethyl fumarate 30-day start pack |
| CABOMETYX 20MG, 40MG & 60MG TABLET | dimethyl fumarate dr 120mg & 240mg capsule |
| CALQUENCE 100MG CAPSULE & TABLET | ERIVEDGE 150MG CAPSULE |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH | ERLEADA 60MG TABLET |
| CLIMARA PRO PATCH | estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH | EXKIVITY 40MG CAPSULE |
| COPIKTRA 15MG & 25MG CAPSULE | fingolimod 0.5mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 4-Tier Prescription Drug List - for Utah (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME |
|--|
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250mg tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |
| pregabalin er 82.5mg, 165mg & 330mg tablet |
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |

| MEDICATION NAME |
|---|
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANOCIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG, 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 4-Tier Prescription Drug List - for Utah (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERICs AND/OR PREFERRED MEDICATIONS |
|--|--|
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| sevelamer hcl | sevelamer carbonate |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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

Medication Coverage Changes - Starting January 1, 2024

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|---------------------|-------------------------------|
| adefovir dipivoxil | INTELENCE (100 MG & 200 MG) |
| alosetron hcl | KALETRA TABS |
| aminocaproic acid | leuprolide acetate |
| bexarotene capsule | metyrosine |
| capecitabine | penicillamine tablet |
| carglumic acid | pyrimethamine |
| deferiprone | riluzole |
| enoxaparin sodium | sildenafil citrate |
| entecavir | temozolomide |
| etoposide | tiopronin |
| fondaparinux sodium | tobramycin sulfate inhalation |
| imatinib mesylate | |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME | MEDICATION NAME |
|-----------------|--------------------------|
| BYDUREON | TRULICITY |
| BYETTA | metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME | MEDICATION NAME |
|---|--|
| AMPYRA ER 10MG TABLET | CLIMARA PRO PATCH |
| AUBAGIO 7MG & 14MG TABLET | COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| AUSTEDO 6MG, 9MG & 12MG TABLET | COPIKTRA 15MG & 25MG CAPSULE |
| BAFIERTAM DR 95MG CAPSULE | CORLANOR 5MG & 7.5MG TABLET |
| BRAFTOVI 75MG CAPSULE | COTELLIC 20MG TABLET |
| CABOMETYX 20MG, 40MG & 60MG TABLET | dalfampridine er 10mg tablet |
| CALQUENCE 100MG CAPSULE & TABLET | DAURISMO 25MG & 100MG TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH | dimethyl fumarate 30-day start pack |
| | dimethyl fumarate dr 120mg & 240mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 4-Tier Prescription Drug List - for Florida (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME |
|---|
| ERIVEDGE 150MG CAPSULE |
| ERLEADA 60MG TABLET |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| EXKIVITY 40MG CAPSULE |
| fingolimod 0.5mg capsule |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250mg tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |

| MEDICATION NAME |
|---|
| pregabalin er 82.5mg, 165mg & 330mg tablet |
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANCOCIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG, 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 4-Tier Prescription Drug List - for Florida (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| ALDACTAZIDE 50-50 | spironolactone/hctz 25-25, spironolactone plus hctz |
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| DALIRESP | roflumilast |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| IRESSA ⁴ | gefitinib |
| LATUDA ⁴ | lurasidone hcl |
| NEUPRO | rotigotine patch |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| PRADAXA 75 MG & 150 MG ⁴ | dabigatran |
| RIDAURA | generic NSAIDs |
| sevelamer hcl | sevelamer carbonate |
| SKLICE | ivermectin |
| SUPREP | sodium, potassium, magnesium sulfates |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| TAZORAC GEL | tazarotene |
| TOVIAZ ⁴ | fesoterodine fumarate |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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Medication Coverage Changes - Starting January 1, 2024



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

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|---------------------|
| adefovir dipivoxil |
| alosetron hcl |
| aminocaproic acid |
| bexarotene capsule |
| capecitabine |
| carglumic acid |
| deferiprone |
| enoxaparin sodium |
| entecavir |
| etoposide |
| fondaparinux sodium |

| MEDICATION NAME |
|-------------------------------|
| imatinib mesylate |
| leuprolide acetate |
| metyrosine |
| penicillamine tablet |
| pyrimethamine |
| riluzole |
| sildenafil citrate |
| temozolomide |
| tiopronin |
| tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME |
|-----------------|
| BYDUREON |
| BYETTA |

| MEDICATION NAME |
|--------------------------|
| TRULICITY |
| metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME |
|---|
| AMPYRA ER 10MG TABLET |
| AUBAGIO 7MG & 14MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET |
| BAFIERTAM DR 95MG CAPSULE |
| BRAFTOVI 75MG CAPSULE |
| CABOMETYX 20MG, 40MG & 60MG TABLET |
| CALQUENCE 100MG CAPSULE & TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH |

| MEDICATION NAME |
|--|
| CLIMARA PRO PATCH |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| COPIKTRA 15MG & 25MG CAPSULE |
| CORLANOR 5MG & 7.5MG TABLET |
| COTELLIC 20MG TABLET |
| dalfampridine er 10mg tablet |
| DAURISMO 25MG & 100MG TABLET |
| dimethyl fumarate 30-day start pack |
| dimethyl fumarate dr 120mg & 240mg capsule |

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Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 4-Tier Prescription Drug List - for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME |
|---|
| ERIVEDGE 150MG CAPSULE |
| ERLEADA 60MG TABLET |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| EXKIVITY 40MG CAPSULE |
| finngolimod 0.5mg capsule |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250mg tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |

| MEDICATION NAME |
|---|
| pregabalin er 82.5mg, 165mg & 330mg tablet |
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANCOGIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG, 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 4-Tier Prescription Drug List - for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| ALDACTAZIDE 50-50 | spironolactone/hctz 25-25, spironolactone plus hctz |
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| CETROTIDE 0.25 MG KIT ⁶ | cetrorelix acetate |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| DALIRESP | roflumilast |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEUPRO | rotigotine patch |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| PRADAXA 75 MG & 150 MG ⁴ | dabigatran |
| RIDAURA | generic NSAIDs |
| sevelamer hcl | sevelamer carbonate |
| SKLICE | ivermectin |
| SUPREP | sodium, potassium, magnesium sulfates |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| TAZORAC GEL | tazarotene |
| TOVIAZ ⁴ | fesoterodine fumarate |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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

Medication Coverage Changes - Starting January 1, 2024



Cigna Premiere 4-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|---------------------|
| adefovir dipivoxil |
| alosetron hcl |
| aminocaproic acid |
| bexarotene capsule |
| capecitabine |
| carglumic acid |
| deferiprone |
| enoxaparin sodium |
| entecavir |
| etoposide |
| fondaparinux sodium |

| MEDICATION NAME |
|-------------------------------|
| imatinib mesylate |
| leuprolide acetate |
| metyrosine |
| penicillamine tablet |
| pyrimethamine |
| riluzole |
| sildenafil citrate |
| temozolomide |
| tiopronin |
| tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME |
|-----------------|
| BYDUREON |
| BYETTA |

| MEDICATION NAME |
|--------------------------|
| TRULICITY |
| metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME |
|---|
| AMPYRA ER 10MG TABLET |
| AUBAGIO 7MG & 14MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET |
| BAFIERTAM DR 95MG CAPSULE |
| BRAFTOVI 75MG CAPSULE |
| CABOMETYX 20MG, 40MG & 60MG TABLET |
| CALQUENCE 100MG CAPSULE & TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH |

| MEDICATION NAME |
|--|
| CLIMARA PRO PATCH |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| COPIKTRA 15MG & 25MG CAPSULE |
| CORLANOR 5MG & 7.5MG TABLET |
| COTELLIC 20MG TABLET |
| dalfampridine er 10mg tablet |
| DAURISMO 25MG & 100MG TABLET |
| dimethyl fumarate 30-day start pack |
| dimethyl fumarate dr 120mg & 240mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Premiere 4-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME |
|---|
| ERIVEDGE 150MG CAPSULE |
| ERLEADA 60MG TABLET |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| EXKIVITY 40MG CAPSULE |
| finngolimod 0.5mg capsule |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250MG tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |

| MEDICATION NAME |
|---|
| pregabalin er 82.5mg, 165mg & 330mg tablet |
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANCOCIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG, 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Premiere 4-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| ALDACTAZIDE 50-50 | spironolactone/hctz 25-25, spironolactone plus hctz |
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| DALIRESP | roflumilast |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| HETLIOZ ⁷ | tasimelteon |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEUPRO | rotigotine patch |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| PRADAXA 75 MG & 150 MG ⁴ | dabigatran |
| RIDAURA | generic NSAIDs |
| sevelamer hcl | sevelamer carbonate |
| SKLICE | ivermectin |
| SUPREP | sodium, potassium, magnesium sulfates |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| tavorole 5% soln | ciclopirox 8% soln |
| TAYTULLA | norethindrone-e.estradiol-iron |
| TAZORAC GEL | tazarotene |
| TOVIAZ ⁴ | fesoterodine fumarate |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Premiere 4-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will no longer be covered – and their covered alternatives²

| MEDICATION NAME | GENERICS AND/OR PREFERRED MEDICATIONS |
|------------------------|---------------------------------------|
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

Medications that will no longer be covered under the pharmacy benefit⁵

| MEDICATION NAME | MEDICATION NAME |
|-----------------|-----------------|
| brimonidine gel | MIRVASO GEL |

Cigna Essential 5-Tier Prescription Drug List - for Colorado

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|--------------------|-------------------------------|
| adefovir dipivoxil | fondaparinux sodium |
| alosetron hcl | imatinib mesylate |
| aminocaproic acid | leuprolide acetate |
| bexarotene capsule | metyrosine |
| capecitabine | penicillamine tablet |
| carglumic acid | riluzole |
| enoxaparin sodium | sildenafil citrate |
| entecavir | temozolomide |
| etoposide | tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME | MEDICATION NAME |
|-----------------|--------------------------|
| BYDUREON | TRULICITY |
| BYETTA | metyrosine 250mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 5-Tier Prescription Drug List - for Colorado (Cont.)

Medications that will have a quantity limit

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

| MEDICATION NAME | MEDICATION NAME |
|---|--|
| AMPYRA ER 10MG TABLET | INREBIC 100MG CAPSULE |
| AUBAGIO 7MG & 14MG TABLET | IRESSA 250MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET | itraconazole 100mg capsule |
| BAFIERTAM DR 95MG CAPSULE | KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| BRAFTOVI 75MG CAPSULE | KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| CABOMETYX 20MG, 40MG & 60MG TABLET | LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| CALQUENCE 100MG CAPSULE & TABLET | LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH | LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| CLIMARA PRO PATCH | MAYZENT 0.25MG, 1MG & 2MG TABLET |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH | MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| COPIKTRA 15MG & 25MG CAPSULE | NOXAFIL DR 100MG TABLET |
| CORLANOR 5MG & 7.5MG TABLET | NUBEQA 300MG TABLET |
| COTELLIC 20MG TABLET | OCALIVA 5MG & 10MG TABLET |
| dalfampridine er 10mg tablet | ODOMZO 200MG CAPSULE |
| DAURISMO 25MG & 100MG TABLET | PONVORY 14-DAY START PACK |
| dimethyl fumarate 30-day start pack | PONVORY 20MG TABLET |
| dimethyl fumarate dr 120mg & 240mg capsule | posaconazole dr 100mg tablet |
| ERIVEDGE 150MG CAPSULE | pregabalin er 82.5mg, 165mg & 330mg tablet |
| ERLEADA 60MG TABLET | ROZLYTREK 100MG & 200MG CAPSULE |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) | RYDAPT 25MG CAPSULE |
| EXKIVITY 40MG CAPSULE | SCEMBLIX 40MG TABLET |
| fingolimod 0.5mg capsule | SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION | SPORANOX 100MG CAPSULE |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION | TAGRISSO 40MG & 80MG TABLET |
| gefitinib 250MG tablet | TASCENSO ODT 0.25MG & 0.5MG TABLET |
| GILENYA 0.5MG CAPSULE | tasimelteon 20mg capsule |
| GILOTRIF 20MG, 30MG & 40MG TABLET | TECFIDERA DR 120MG & 240MG CAPSULE |
| HETLIOZ 20MG CAPSULE | TECFIDERA START PACK |
| IDHIFA 50MG & 100MG TABLET | teriflunomide 7mg & 14mg tablet |
| INGREZZA 40MG, 60MG & 80MG CAPSULE | tetrabenazine 12.5mg & 25mg tablet |
| INLYTA 1MG & 5MG TABLET | THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| INQOVI 35MG-100MG TABLET | TRULANCE 3MG TABLET |
| | TUKYSA 50MG & 150MG TABLET |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 5-Tier Prescription Drug List - for Colorado (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME | MEDICATION NAME |
|--|-----------------------------------|
| TURALIO 125MG & 200MG CAPSULE | VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VANCOGIN HCL 125MG & 250MG CAPSULE | VUMERITY DR 231MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution | WELIREG 40MG TABLET |
| vancomycin hcl 125mg & 250mg capsule | XENAZINE 12.5MG & 25MG TABLET |
| VENCLEXTA 10MG, 50MG & 100MG TABLET | XTANDI 40MG CAPSULE |
| VENCLEXTA START PACK | XTANDI 40MG & 80MG TABLET |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET | ZELBORAF 240MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE | ZEPOSIA START PACK & CAPSULE |
| VITRAKVI 20MG/ML SOLUTION | |

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| sevelamer hcl | sevelamer carbonate |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 5-Tier Prescription Drug List - for Utah

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|--------------------|-------------------------------|
| adefovir dipivoxil | fondaparinux sodium |
| alosetron hcl | imatinib mesylate |
| aminocaproic acid | leuprolide acetate |
| bexarotene capsule | metyrosine |
| capecitabine | penicillamine tablet |
| carglumic acid | riluzole |
| enoxaparin sodium | sildenafil citrate |
| entecavir | temozolomide |
| etoposide | tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME | MEDICATION NAME |
|-----------------|--------------------------|
| BYDUREON | TRULICITY |
| BYETTA | metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME | MEDICATION NAME |
|---|---|
| AMPYRA ER 10MG TABLET | CORLANOR 5MG & 7.5MG TABLET |
| AUBAGIO 7MG & 14MG TABLET | COTELLIC 20MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET | dalfampridine er 10mg tablet |
| BAFIERTAM DR 95MG CAPSULE | DAURISMO 25MG & 100MG TABLET |
| BRAFTOVI 75MG CAPSULE | dimethyl fumarate 30-day start pack |
| CABOMETYX 20MG, 40MG & 60MG TABLET | dimethyl fumarate dr 120mg & 240mg capsule |
| CALQUENCE 100MG CAPSULE & TABLET | ERIVEDGE 150MG CAPSULE |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH | ERLEADA 60MG TABLET |
| CLIMARA PRO PATCH | estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH | EXKIVITY 40MG CAPSULE |
| COPIKTRA 15MG & 25MG CAPSULE | fingolimod 0.5mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 5-Tier Prescription Drug List - for Utah (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME |
|--|
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250MG tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |
| pregabalin er 82.5mg, 165mg & 330mg tablet |
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |

| MEDICATION NAME |
|---|
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANCOCIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG, 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Essential 5-Tier Prescription Drug List - for Utah (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| sevelamer hcl | sevelamer carbonate |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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

Medication Coverage Changes - Starting January 1, 2024

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|---------------------|-------------------------------|
| adefovir dipivoxil | INTELENCE (100 MG & 200 MG) |
| alosetron hcl | KALETRA TABS |
| aminocaproic acid | leuprolide acetate |
| bexarotene capsule | metyrosine |
| capecitabine | penicillamine tablet |
| carglumic acid | pyrimethamine |
| deferiprone | riluzole |
| enoxaparin sodium | sildenafil citrate |
| entecavir | temozolomide |
| etoposide | tiopronin |
| fondaparinux sodium | tobramycin sulfate inhalation |
| imatinib mesylate | |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME | MEDICATION NAME |
|-----------------|--------------------------|
| BYDUREON | TRULICITY |
| BYETTA | metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME | MEDICATION NAME |
|---|--|
| AMPYRA ER 10MG TABLET | CLIMARA PRO PATCH |
| AUBAGIO 7MG & 14MG TABLET | COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| AUSTEDO 6MG, 9MG & 12MG TABLET | COPIKTRA 15MG & 25MG CAPSULE |
| BAFIERTAM DR 95MG CAPSULE | CORLANOR 5MG & 7.5MG TABLET |
| BRAFTOVI 75MG CAPSULE | COTELLIC 20MG TABLET |
| CABOMETYX 20MG, 40MG & 60MG TABLET | dalfampridine er 10mg tablet |
| CALQUENCE 100MG CAPSULE & TABLET | DAURISMO 25MG & 100MG TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH | dimethyl fumarate 30-day start pack |
| | dimethyl fumarate dr 120mg & 240mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 5-Tier Prescription Drug List - for Florida (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME | MEDICATION NAME |
|---|---|
| ERIVEDGE 150MG CAPSULE | pregabalin er 82.5mg, 165mg & 330mg tablet |
| ERLEADA 60MG TABLET | ROZLYTREK 100MG & 200MG CAPSULE |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) | RYDAPT 25MG CAPSULE |
| EXKIVITY 40MG CAPSULE | SCEMBLIX 40MG TABLET |
| fingolimod 0.5mg capsule | SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION | SPORANOX 100MG CAPSULE |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION | TAGRISSO 40MG & 80MG TABLET |
| gefitinib 250MG tablet | TASCENSO ODT 0.25MG & 0.5MG TABLET |
| GILENYA 0.5MG CAPSULE | tasimelteon 20mg capsule |
| GILOTRIF 20MG, 30MG & 40MG TABLET | TECFIDERA DR 120MG & 240MG CAPSULE |
| HETLIOZ 20MG CAPSULE | TECFIDERA START PACK |
| IDHIFA 50MG & 100MG TABLET | teriflunomide 7mg & 14mg tablet |
| INGREZZA 40MG, 60MG & 80MG CAPSULE | tetrabenazine 12.5mg & 25mg tablet |
| INLYTA 1MG & 5MG TABLET | THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| INQOVI 35MG-100MG TABLET | TRULANCE 3MG TABLET |
| INREBIC 100MG CAPSULE | TUKYSA 50MG & 150MG TABLET |
| IRESSA 250MG TABLET | TURALIO 125MG & 200MG CAPSULE |
| itraconazole 100mg capsule | VANCOCIN HCL 125MG & 250MG CAPSULE |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE | vancomycin 250mg/5ml & 25mg/ml solution |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK | vancomycin hcl 125mg & 250mg capsule |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE | VENCLEXTA 10MG, 50MG & 100MG TABLET |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE | VENCLEXTA START PACK |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET | VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET | VITRAKVI 25MG & 100MG CAPSULE |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT | VITRAKVI 20MG/ML SOLUTION |
| NOXAFIL DR 100MG TABLET | VIZIMPRO 15MG, 30MG & 45MG TABLET |
| NUBEQA 300MG TABLET | VUMERITY DR 231MG CAPSULE |
| OCALIVA 5MG & 10MG TABLET | WELIREG 40MG TABLET |
| ODOMZO 200MG CAPSULE | XENAZINE 12.5MG & 25MG TABLET |
| PONVORY 14-DAY START PACK | XTANDI 40MG CAPSULE |
| PONVORY 20MG TABLET | XTANDI 40MG & 80MG TABLET |
| posaconazole dr 100mg tablet | ZELBORAF 240MG TABLET |
| | ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 5-Tier Prescription Drug List - for Florida (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| ALDACTAZIDE 50-50 | spironolactone/hctz 25-25, spironolactone plus hctz |
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| DALIRESP | roflumilast |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| IRESSA ⁴ | gefitinib |
| LATUDA ⁴ | lurasidone hcl |
| NEUPRO | rotigotine patch |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| PRADAXA 75 MG & 150 MG ⁴ | dabigatran |
| RIDAURA | generic NSAIDs |
| sevelamer hcl | sevelamer carbonate |
| SKLICE | ivermectin |
| SUPREP | sodium, potassium, magnesium sulfates |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| TAZORAC GEL | tazarotene |
| TOVIAZ ⁴ | fesoterodine fumarate |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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

Medication Coverage Changes - Starting January 1, 2024



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

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|---------------------|
| adefovir dipivoxil |
| alosetron hcl |
| aminocaproic acid |
| bexarotene capsule |
| capecitabine |
| carglumic acid |
| deferiprone |
| enoxaparin sodium |
| entecavir |
| etoposide |
| fondaparinux sodium |

| MEDICATION NAME |
|-------------------------------|
| imatinib mesylate |
| leuprolide acetate |
| metyrosine |
| penicillamine tablet |
| pyrimethamine |
| riluzole |
| sildenafil citrate |
| temozolomide |
| tiopronin |
| tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME |
|-----------------|
| BYDUREON |
| BYETTA |

| MEDICATION NAME |
|--------------------------|
| TRULICITY |
| metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME |
|---|
| AMPYRA ER 10MG TABLET |
| AUBAGIO 7MG & 14MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET |
| BAFIERTAM DR 95MG CAPSULE |
| BRAFTOVI 75MG CAPSULE |
| CABOMETYX 20MG, 40MG & 60MG TABLET |
| CALQUENCE 100MG CAPSULE & TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH |

| MEDICATION NAME |
|--|
| CLIMARA PRO PATCH |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| COPIKTRA 15MG & 25MG CAPSULE |
| CORLANOR 5MG & 7.5MG TABLET |
| COTELLIC 20MG TABLET |
| dalfampridine er 10mg tablet |
| DAURISMO 25MG & 100MG TABLET |
| dimethyl fumarate 30-day start pack |
| dimethyl fumarate dr 120mg & 240mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 5-Tier Prescription Drug List - for Georgia, Illinois, Mississippi, North Carolina, Pennsylvania, Tennessee and Texas (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME |
|---|
| ERIVEDGE 150MG CAPSULE |
| ERLEADA 60MG TABLET |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) |
| EXKIVITY 40MG CAPSULE |
| fingolimod 0.5mg capsule |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION |
| gefitinib 250MG tablet |
| GILENYA 0.5MG CAPSULE |
| GILOTRIF 20MG, 30MG & 40MG TABLET |
| HETLIOZ 20MG CAPSULE |
| IDHIFA 50MG & 100MG TABLET |
| INGREZZA 40MG, 60MG & 80MG CAPSULE |
| INLYTA 1MG & 5MG TABLET |
| INQOVI 35MG-100MG TABLET |
| INREBIC 100MG CAPSULE |
| IRESSA 250MG TABLET |
| itraconazole 100mg capsule |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT |
| NOXAFIL DR 100MG TABLET |
| NUBEQA 300MG TABLET |
| OCALIVA 5MG & 10MG TABLET |
| ODOMZO 200MG CAPSULE |
| PONVORY 14-DAY START PACK |
| PONVORY 20MG TABLET |
| posaconazole dr 100mg tablet |

| MEDICATION NAME |
|---|
| pregabalin er 82.5mg, 165mg & 330mg tablet |
| ROZLYTREK 100MG & 200MG CAPSULE |
| RYDAPT 25MG CAPSULE |
| SCEMBLIX 40MG TABLET |
| SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| SPORANOX 100MG CAPSULE |
| TAGRISSO 40MG & 80MG TABLET |
| TASCENSO ODT 0.25MG & 0.5MG TABLET |
| tasimelteon 20mg capsule |
| TECFIDERA DR 120MG & 240MG CAPSULE |
| TECFIDERA START PACK |
| teriflunomide 7mg & 14mg tablet |
| tetrabenazine 12.5mg & 25mg tablet |
| THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| TRULANCE 3MG TABLET |
| TUKYSA 50MG & 150MG TABLET |
| TURALIO 125MG & 200MG CAPSULE |
| VANCOCIN HCL 125MG & 250MG CAPSULE |
| vancomycin 250mg/5ml & 25mg/ml solution |
| vancomycin hcl 125mg & 250mg capsule |
| VENCLEXTA 10MG, 50MG & 100MG TABLET |
| VENCLEXTA START PACK |
| VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| VITRAKVI 25MG & 100MG CAPSULE |
| VITRAKVI 20MG/ML SOLUTION |
| VIZIMPRO 15MG, 30MG & 45MG TABLET |
| VUMERITY DR 231MG CAPSULE |
| WELIREG 40MG TABLET |
| XENAZINE 12.5MG & 25MG TABLET |
| XTANDI 40MG CAPSULE |
| XTANDI 40MG & 80MG TABLET |
| ZELBORAF 240MG TABLET |
| ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Plus 5-Tier Prescription Drug List - for Georgia, Illinois, Mississippi, North Carolina, Pennsylvania, Tennessee and Texas (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERICS AND/OR PREFERRED MEDICATIONS |
|--|--|
| ALDACTAZIDE 50-50 | spironolactone/hctz 25-25, spironolactone plus hctz |
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| CETROTIDE 0.25 MG KIT ⁶ | cetrorelix acetate |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| DALIRESP | roflumilast |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEUPRO | rotigotine patch |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| PRADAXA 75 MG & 150 MG ⁴ | dabigatran |
| RIDAURA | generic NSAIDs |
| sevelamer hcl | sevelamer carbonate |
| SKLICE | ivermectin |
| SUPREP | sodium, potassium, magnesium sulfates |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| TAYTULLA | norethindrone-e.estradiol-iron |
| TAZORAC GEL | tazarotene |
| TOVIAZ ⁴ | fesoterodine fumarate |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

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

Medication Coverage Changes - Starting January 1, 2024



Cigna Premiere 5-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia

Medications that will be covered on a higher tier

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the 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 |
|---------------------|
| adefovir dipivoxil |
| alosetron hcl |
| aminocaproic acid |
| bexarotene capsule |
| capecitabine |
| carglumic acid |
| deferiprone |
| enoxaparin sodium |
| entecavir |
| etoposide |
| fondaparinux sodium |

| MEDICATION NAME |
|-------------------------------|
| imatinib mesylate |
| leuprolide acetate |
| metyrosine |
| penicillamine tablet |
| pyrimethamine |
| riluzole |
| sildenafil citrate |
| temozolomide |
| tiopronin |
| tobramycin sulfate inhalation |

Medications that will need approval before they can be covered

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare

| MEDICATION NAME |
|-----------------|
| BYDUREON |
| BYETTA |

| MEDICATION NAME |
|--------------------------|
| TRULICITY |
| metyrosine 250mg capsule |

Medications that will have a quantity limit

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

| MEDICATION NAME |
|---|
| AMPYRA ER 10MG TABLET |
| AUBAGIO 7MG & 14MG TABLET |
| AUSTEDO 6MG, 9MG & 12MG TABLET |
| BAFIERTAM DR 95MG CAPSULE |
| BRAFTOVI 75MG CAPSULE |
| CABOMETYX 20MG, 40MG & 60MG TABLET |
| CALQUENCE 100MG CAPSULE & TABLET |
| CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH |

| MEDICATION NAME |
|--|
| CLIMARA PRO PATCH |
| COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH |
| COPIKTRA 15MG & 25MG CAPSULE |
| CORLANOR 5MG & 7.5MG TABLET |
| COTELLIC 20MG TABLET |
| dalfampridine er 10mg tablet |
| DAURISMO 25MG & 100MG TABLET |
| dimethyl fumarate 30-day start pack |
| dimethyl fumarate dr 120mg & 240mg capsule |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Premiere 5-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will have a quantity limit (Cont.)

| MEDICATION NAME | MEDICATION NAME |
|---|---|
| ERIVEDGE 150MG CAPSULE | pregabalin er 82.5mg, 165mg & 330mg tablet |
| ERLEADA 60MG TABLET | ROZLYTREK 100MG & 200MG CAPSULE |
| estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk) | RYDAPT 25MG CAPSULE |
| EXKIVITY 40MG CAPSULE | SCEMBLIX 40MG TABLET |
| fingolimod 0.5mg capsule | SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH |
| FIRVANQ 25MG/ML & 50MG/ML SOLUTION | SPORANOX 100MG CAPSULE |
| FYCOMPA 0.5MG/ML ORAL SUSPENSION | TAGRISSO 40MG & 80MG TABLET |
| gefitinib 250MG tablet | TASCENSO ODT 0.25MG & 0.5MG TABLET |
| GILENYA 0.5MG CAPSULE | tasimelteon 20mg capsule |
| GILOTRIF 20MG, 30MG & 40MG TABLET | TECFIDERA DR 120MG & 240MG CAPSULE |
| HETLIOZ 20MG CAPSULE | TECFIDERA START PACK |
| IDHIFA 50MG & 100MG TABLET | teriflunomide 7mg & 14mg tablet |
| INGREZZA 40MG, 60MG & 80MG CAPSULE | tetrabenazine 12.5mg & 25mg tablet |
| INLYTA 1MG & 5MG TABLET | THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE |
| INQOVI 35MG-100MG TABLET | TRULANCE 3MG TABLET |
| INREBIC 100MG CAPSULE | TUKYSA 50MG & 150MG TABLET |
| IRESSA 250MG TABLET | TURALIO 125MG & 200MG CAPSULE |
| itraconazole 100mg capsule | VANCOCIN HCL 125MG & 250MG CAPSULE |
| KISQALI 200MG, 400MG & 600MG DAILY DOSE | vancomycin 250mg/5ml & 25mg/ml solution |
| KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK | vancomycin hcl 125mg & 250mg capsule |
| LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE | VENCLEXTA 10MG, 50MG & 100MG TABLET |
| LINZESS 72MCG, 145MCG & 290MCG CAPSULE | VENCLEXTA START PACK |
| LYRICA CR 82.5MG, 165MG & 330MG TABLET | VERZENIO 50MG, 100MG, 150MG & 200MG TABLET |
| MAYZENT 0.25MG, 1MG & 2MG TABLET | VITRAKVI 25MG & 100MG CAPSULE |
| MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT | VITRAKVI 20MG/ML SOLUTION |
| NOXAFIL DR 100MG TABLET | VIZIMPRO 15MG, 30MG & 45MG TABLET |
| NUBEQA 300MG TABLET | VUMERITY DR 231MG CAPSULE |
| OCALIVA 5MG & 10MG TABLET | WELIREG 40MG TABLET |
| ODOMZO 200MG CAPSULE | XENAZINE 12.5MG & 25MG TABLET |
| PONVORY 14-DAY START PACK | XTANDI 40MG CAPSULE |
| PONVORY 20MG TABLET | XTANDI 40MG & 80MG TABLET |
| posaconazole dr 100mg tablet | ZELBORAF 240MG TABLET |
| | ZEPOSIA START PACK & CAPSULE |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Premiere 5-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

| MEDICATION NAME | GENERIC AND/OR PREFERRED MEDICATIONS |
|--|--|
| ALDACTAZIDE 50-50 | spironolactone/hctz 25-25, spironolactone plus hctz |
| AMJEVITA ³ | HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA |
| BROMFED DM 2-30-10 MG/5ML | brompheniramine/pse/dm |
| CARBAGLU 200 MG TAB FOR SUSPENSION ⁴ | carglumic acid 200mg tab susp |
| COLCHICINE CAPSULES | colchicine tabs |
| CYSTADANE ⁴ | betaine |
| DALIRESP | roflumilast |
| ESBRIET ⁴ | pirfenidone |
| FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA |
| HETLIOZ ⁷ | tasimelteon |
| INTELENCE (100 MG & 200 MG) | etravirine |
| IRESSA ⁴ | gefitinib |
| KALETRA TABS | lopinavir/ritonavir |
| LATUDA ⁴ | lurasidone hcl |
| NEUPRO | rotigotine patch |
| NEXAVAR ⁴ | sorafenib tosylate |
| NITRO-DUR 0.3MG/HR, 0.8MG/HR | nitroglycerin patches |
| NULEV 0.125 CHEW TAB | hyoscyamine 0.125mg odt |
| OMNITROPE ⁴ | GENOTROPIN, HUMATROPE |
| PENTASA 250 MG & 500 MG | mesalamine er 500mg cap |
| PRADAXA 75 MG & 150 MG ⁴ | dabigatran |
| RIDAURA | generic NSAIDs |
| sevelamer hcl | sevelamer carbonate |
| SKLICE | ivermectin |
| SUPREP | sodium, potassium, magnesium sulfates |
| TARGRETIN 1% GEL ⁴ | bexarotene |
| tavorole 5% soln | ciclopirox 8% soln |
| TAYTULLA | norethindrone-e.estradiol-iron |
| TAZORAC GEL | tazarotene |
| TOVIAZ ⁴ | fesoterodine fumarate |
| VASCEPA 0.5 G CAPSULES ⁴ | icosapent ethyl |

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Premiere 5-Tier Prescription Drug List - for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will no longer be covered – and their covered alternatives² (Cont.)

| MEDICATION NAME | GENERICS AND/OR PREFERRED MEDICATIONS |
|------------------------|---------------------------------------|
| ZIEXTENZO ³ | NEULASTA, NYVEPRIA, UDENYCA |

Medications that will no longer be covered under the pharmacy benefit⁵

| MEDICATION NAME | MEDICATION NAME |
|-----------------|-----------------|
| brimonidine gel | MIRVASO GEL |

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

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

Medication Coverage Changes - Starting January 1, 2024

Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell SpecialtySM Drug List.^{2,8} However, there are preferred medications available that are used to treat the same condition. They're listed below. If your doctor feels a preferred medication isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

| MEDICATION NAME (not covered) | PREFERRED MEDICATION(S) |
|--------------------------------------|---|
| ALYMSYS* | MVASI*, ZIRABEV* |
| ASCENIV* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| AVASTIN* | MVASI*, ZIRABEV* |
| BERINERT* | icatibant |
| BIVIGAM* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| CUVITRU* | CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY* |
| DDAVP | desmopressin acetate |
| ERWINASE | ASPARLAS, ONCASPAR |
| FULPHILA* | NEULASTA*, NYVEPRIA*, UDENYCA* |
| FYLNETRA* | NEULASTA*, NYVEPRIA*, UDENYCA* |
| GAMMAGARD LIQUID*, GAMMAGARD S/D* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| GEL-ONE | DUROLANE, EUFLEXXA, GELSYN-3 |
| GENVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| GRANIX | NIVESTYM, ZARXIO |
| HERCEPTIN*, HERCEPTIN HYLECTA* | KANJINTI*, TRAZIMERA* |
| HERZUMA* | KANJINTI*, TRAZIMERA* |
| HYALGAN | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYMOVIS | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYQVIA* | CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY* |
| INFUGEM | gemcitabine (generic GEMZAR) |

| MEDICATION NAME (not covered) | PREFERRED MEDICATION(S) |
|----------------------------------|---|
| KALBITOR* | icatibant |
| LEMTRADA* | AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS* |
| LEQVIO* | REPATHA |
| MAKENA* | hydroxyprogesterone caproate* |
| MONOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| NEUPOGEN | NIVESTYM, ZARXIO |
| ONTRUZANT* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| ORENCIA IV* | ENBREL, HUMIRA, 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* |
| 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*, NYVEPRIA*, UDENYCA* |
| SUPARTZ FX | DUROLANE, EUFLEXXA, GELSYN-3 |

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

*This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to Cigna.com/pathwellspecialty.

Medication Coverage Changes - Starting January 1, 2024

Cigna Pathwell Specialty Drug List (Cont.)

| MEDICATION NAME <i>(not covered)</i> | PREFERRED MEDICATION(S) |
|---|---|
| SYNOJOYNT | DUROLANE, EUFLEXXA, GELSYN-3 |
| SYNVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| TRILURON | DUROLANE, EUFLEXXA, GELSYN-3 |
| TRIVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| TYSABRI* <i>(when used to treat Crohn's Disease)</i> | AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, HUMIRA, INFLECTRA* |

| MEDICATION NAME <i>(not covered)</i> | PREFERRED MEDICATION(S) |
|--|--|
| TYSABRI* <i>(when used to treat Multiple Sclerosis)</i> | AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS* |
| VISCO-3 | DUROLANE, EUFLEXXA, GELSYN-3 |
| VYEPTI* | AIMOVIG, AJOVY, EMGALITY |
| ZIEXTENZO* | NEULASTA*, NYVEPRIA*, UDENYCA* |

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

*This medication must be administered by a provider in the Cigna Pathwell Specialty Network, or ordered from a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to Cigna.com/pathwellspecialty.



1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. We're letting you know now because we won't send you a reminder. 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, 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. For example, if Cigna Healthcare is making a change to your medication on January 1st but your new plan year doesn't start until April 1st, the change(s) won't affect you until April 1st.
 - **Florida:** Your plan may be required to continue covering your medication as it is now, at the same cost-share, for sixty (60) days from the date on the letter we send you. For example, if the date on the letter is November 21st, the change(s) won't affect you until January 21st.
2. 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 1st 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.
3. **If you currently have approval from Cigna Healthcare for this medication to be covered, this change won't affect you until your current approval period ends.**
4. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31st (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
5. 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.
6. **This change only applies to customers in Illinois and North Carolina.** Customers in Georgia, Mississippi and Texas are not affected by this change.
7. **This change only applies to customers in Arizona.** Customers in Indiana, South Carolina and Virginia are not affected by this change.
8. 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.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

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 LỜI 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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 ناشنوايان: شماره 711 را شماره‌گیری کنید).