

# PRESCRIPTION DRUG LIST EXCLUSIONS



## Non-FDA approved medications

2018

The medications listed below will be excluded from coverage on Cigna's Prescription Drug List. These medications aren't approved by the U.S. Food and Drug Administration (FDA). Your pharmacy benefit plan only covers medications that are FDA-approved for safety and effectiveness. Exclusions are listed by the date the change begins.

If you're enrolled with Cigna, you can log into [myCigna.com](http://myCigna.com) to find out how these changes may affect you. If you're using one of these medications, you should talk with your doctor. There may be alternative prescription medications or over-the-counter medicines (those that don't need a prescription) available to treat your condition.

Start date of change*	Medication name^	Medication name^
January 1, 2018	Ala-Quin 3-0.5% Cream	Inova 4-1 Easy Pad
	Analpram HC 2.5%-1% Cream Single	Inova 8-2 Easy Pad
	Analpram HC 2.5%-1% Lotion	Iodoflex Pad
	Avar 9.5%-5% Foam	Keralac 47% Cream
	Avar 9.5-5% Cleansing Pads	Mugard Oral Wound Rinse
	Avar LS 10%-2% Foam	Neosalus CP Cream
	Avar LS 10-2% Cleansing Pads	Neosalus Cream
	Avar LS Cleanser	Neosalus Foam
	Avar-E LS Cream	Noxifol-D3 2,500 Unit-1 Mg Tab
	Avenova Lid-Lash Spray	Ovace 10% Wash
	Benzodox 30 Kit	Ovace Plus 10% Shampoo
	Benzodox 60 Kit	Ovace Plus 10% Wash
	Cortane-B Lotion	Ovace Plus 9.8% Foam
	Dermacinrx Purefolix Tablet	Ovace Plus 9.8% Lotion
	Dermasorb AF Complete Kit	Ovace Plus Wash 10% Cleansing Gel
	Donnatal Elixir	Plexion 9.8-4.8% Cleanser
	Eletone Cream Twin Pack	Plexion 9.8-4.8% Cleansing Cloth
	Feriva FA Capsule	Plexion 9.8-4.8% Cream
	Gelclair Oral Gel Packet	Plexion 9.8-4.8% Lotion
	Hylatopicplus Emollient Foam	Potaba 500 Mg Capsule
Inova 4% Easy Pad	Proctocort 30 Mg Suppository	

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

Start date of change*	Medication name^	Medication name^
January 1, 2018	Prodrin Caplet	Sumadan Kit
	Ra Resveratrol 250 Mg Capsule	Sumadan XLT Kit
	Resveratrol 100 Mg Softgel	Sumaxin Cleansing Pads
	Resveratrol 250 Mg Softgel	Sumaxin CP Kit
	Resveratrol 50 Mg Softgel	Sumaxin TS Topical Suspension
	Revesta 5,750 Unit-1 Mg Cap	Sumaxin Wash
	Roxifol-D Tablet	Ultrasal-ER 28.5% Solution
	Rynoderma 37.5% Topical Cream	Uramaxin GT 45% Pre-Filled App
	Salex 6% Cream Kit	Urelle Tablet
	Salex 6% Lotion Kit	Urevaz 44% Cream
	Salex 6% Shampoo	Vanoxide-HC Lotion
	Salvax 6% Foam	Varithena Injectable Foam
	SelRx 2.3% Shampoo	Virasal Antiviral Wart Remover
	SmartRx Gabakit	Vytone Cream Packet
	Sumadan 9%-4.5% Wash	Zithranol 1% Shampoo

\* State laws in Texas and Louisiana require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, your plan can't make these changes until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

^ This product's eligibility for coverage varies by manufacturer because not all versions of the product have been approved by the FDA for marketing. Products not approved by the FDA for marketing are excluded from coverage under benefit plans.



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