Individual and Family Plans

# Medication Coverage Changes

## for 2025

These are the changes Cigna Healthcare℠ is making in 2025. Changes are listed by drug list name and state; 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 2025 drug lists at Cigna.com/ifp-drug-list.



All disclosures appear at the end of this document

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | XARELTO |
| | VYNDAMAX |

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

Review the 2025 drug list at 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 |
|---|
| adapalene |
| almotriptan |
| amlodipine-valsartan-hctz |
| amphetamine sulfate |
| aprepitant |
| ATRIPLA |
| azelaic acid |
| bromfenac sodium |
| calcipotriene cream, ointment, solution |
| carbidopa-levodopa-entacapone |
| cefaclor er |
| chlorpromazine |
| clobetasol emollient foam |
| clobetasol emulsion foam |
| clocortolone pivalate |
| colesevelam |
| demeclocycline |
| desoximetasone |
| dexmethylphenidate er |
| eletriptan |
| erythromycin ethylsuccinate |

| Medication Name |
|---|
| erythromycin-benzoyl peroxide |
| fenoprofen 600 mg tablet |
| fentanyl patch |
| fluvastatin ER |
| fluvastatin |
| frovatriptan |
| gatifloxacin eye drops |
| griseofulvin |
| griseofulvin ultramicrosize |
| GYNAZOLE-I |
| hydrocortisone butyrate |
| ketoprofen |
| lamotrigine er |
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| levoxyl |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |
| meprobamate |

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

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

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

Review the 2025 drug list at 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 |
|---|
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| niva thyroid |
| np thyroid |
| octreotide acetate |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |
| prednisolone sodium phosphate odt |
| prednisone intensol |
| PREZISTA 600 MG, 800 MG TABLET |

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

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

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

| Medication Name |
|---|
| AURYXIA 210 MG TABLET |
| AUVELITY ER 45-105 MG TABLET |
| budesonide 2 mg rectal foam |
| dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg |
| doxepin 5% cream |
| FARESTON 60 MG TABLET |
| GRASTEK 2,800 BAU SL TABLET |
| insulin glargine-yfgn U100 pen, vial |

| Medication Name |
|---|
| KERENDIA 10 MG, 20 MG TABLET |
| KRINTAFEL 150 MG TABLET |
| LUCEMYRA 0.18 MG TABLET |
| MIEBO 100% EYE DROPS |
| NORLIQVA 1 MG/ML SOLUTION |
| NOVOLIN R 100 UNIT/ML FLEXPEN |
| NUEDEXTA 20-10 MG CAPSULE |
| OMNIPOD 5 G6 PODS (GEN 5) 5 PACK |

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

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

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

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

| Medication Name |
|---|
| OMNIPOD CLASSIC PODS(GEN3) 5 PACK |
| OMNIPOD DASH PODS (GEN 4) 5 PACK |
| OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY |
| ORALAIR 300 IR SUBLINGUAL TABLET |
| prudoxin 5% cream |
| RAGWITEK SUBLINGUAL TABLET |
| RECORLEV 150 MG TABLET |
| RELION NOVOLIN R U-100 FLEXPEN |
| RYALTRIS 665-25 MCG SPRAY |
| SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL |
| SYMJEPI 0.3 MG/0.3 ML SYRINGE |
| TAVNEOS 10 MG CAPSULE |

| Medication Name |
|---|
| TLANDO 112.5 MG CAPSULE |
| toremifene 60 mg tablet |
| UCERIS 2 MG RECTAL FOAM |
| VERKAZIA 0.1% EYE EMULSION |
| VTAMA 1% CREAM |
| XOSPATA 40 MG TABLET |
| XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML, AUTO-INJECTOR |
| ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET |
| zonalon 5% cream |
| ZONISADE 100 MG/5 ML ORAL SUSPENSION |
| ZTALMY 50 MG/ML SUSPENSION |

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FANAPT[2] | aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |
| KOMBIGLYZE XR | saxagliptin-metformin er |
| LEVEMIR | basaglar, TRESIBA |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| naproxen sodium cr/er 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| VOTRIENT[2] | pazopanib |
| ZIOPTAN | tafluprost |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

## Will no longer need approval from Cigna before it can be covered ("prior authorization").

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| January 1 | DESCOVY 120-15 MG TABLET |
| | DESCOVY 200-25 MG TABLET |

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

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |
| January 1 | DESCOVY 200-25 MG TABLET |

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

Review the 2025 drug list at 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 |
|---|
| abacavir-lamivudine-zidovudine (generic TRIZIVIR) |
| adapalene |
| almotriptan |
| amlodipine-valsartan-hctz |
| amphetamine sulfate |
| aprepitant |
| azelaic acid |
| BIKTARVY |
| bromfenac sodium |
| calcipotriene cream, ointment, solution |
| carbidopa-levodopa-entacapone |
| cefaclor er |
| chlorpromazine |
| CHORIONIC GONADOTROPIN |
| clobetasol emollient foam |
| clobetasol emulsion foam |
| clocortolone pivalate |
| colesevelam |
| COMPLERA |
| demeclocycline |
| desoximetasone |

| Medication Name |
|---|
| dexmethylphenidate er |
| DOVATO |
| efavirenz-emtricitabine-tenofovir (generic ATRIPLA) |
| efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO) |
| eletriptan |
| erythromycin ethylsuccinate |
| erythromycin-benzoyl peroxide |
| fenoprofen 600 mg tablet |
| fentanyl patch |
| fluvastatin |
| fluvastatin er |
| frovatriptan |
| gatifloxacin eye drops |
| GENVOYA |
| griseofulvin |
| griseofulvin ultramicrosize |
| GYNAZOLE-1 |
| hydrocortisone butyrate |
| JULUCA |
| ketoprofen |
| lamotrigine er |

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

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

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

Review the 2025 drug list at 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 |
|---|
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| levoxyl |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |
| meprobamate |
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| niva thyroid |
| np thyroid |
| octreotide acetate |
| ODEFSEY |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |

| Medication Name |
|---|
| prednisolone sodium phosphate odt |
| prednisone intensol |
| promethegan |
| quinidine gluconate |
| risedronate |
| risedronate dr |
| SEREVENT* |
| spinosad |
| STRIBILD |
| sulfadiazine |
| sumatriptan nasal spray |
| SYMTUZA |
| tazarotene |
| testosterone |
| tetracycline |
| thyroid |
| topiramate er |
| tovet emollient foam |
| tranylcypromine |
| TRIUMEQ |
| TRIUMEQ PD |
| verapamil er pm |
| zolmitriptan tablet |
| zolmitriptan odt |

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

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

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

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

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

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

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

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

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

| Medication Name |
|---|
| doxepin 5% cream |
| FARESTON 60 MG TABLET |
| GRASTEK 2,800 BAU SL TABLET |
| insulin glargine-yfgn U100 pen, vial |
| KERENDIA 10 MG, 20 MG TABLET |
| KRINTAFEL 150 MG TABLET |
| LUCEMYRA 0.18 MG TABLET |
| MIEBO 100% EYE DROPS |
| NORLIQVA 1 MG/ML SOLUTION |
| NOVOLIN R 100 UNIT/ML FLEXPEN |
| NUEDEXTA 20-10 MG CAPSULE |
| OMNIPOD 5 G6 PODS (GEN 5) 5 PACK |
| OMNIPOD CLASSIC PODS(GEN3) 5 PACK |
| OMNIPOD DASH PODS (GEN 4) 5 PACK |
| OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY |
| ORALAIR 300 IR SUBLINGUAL TABLET |
| prudoxin 5% cream |
| RAGWITEK SUBLINGUAL TABLET |

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FANAPT[2] | aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| KOMBIGLYZE XR | saxagliptin-metformin er |
| LEVEMIR | basaglar, TRESIBA |
| naproxen sodium cr/er 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| PREZISTA 600 MG, 800 MG TABLET | darunavir |
| SEREVENT* | STRIVERDI |
| VOTRIENT[2] | pazopanib |
| ZIOPTAN | tafluprost |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

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

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

**Will no longer need approval from Cigna before it can be covered ("prior authorization").**

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| January 1 | DESCOVY 120-15 MG TABLET |
| | DESCOVY 200-25 MG TABLET |

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

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

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |
| January 1 | DESCOVY 200-25 MG TABLET |

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

Review the 2025 drug list at 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.hctz

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

| Medication Name |
|---|
| dexmethylphenidate er |
| DOVATO |
| efavirenz-emtricitabine-tenofovir (generic ATRIPLA) |
| efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO) |
| eletriptan |
| erythromycin ethylsuccinate |
| erythromycin-benzoyl peroxide |
| fenoprofen 600 mg tablet |
| fentanyl patch |
| fluvastatin |
| fluvastatin er |
| frovatriptan |
| gatifloxacin eye drops |
| GENVOYA |
| griseofulvin |
| griseofulvin ultramicrosize |
| GYNAZOLE-1 |
| hydrocortisone butyrate |
| JULUCA |
| ketoprofen |
| lamotrigine er |

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

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

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

Review the 2025 drug list at **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 |
|---|
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| levoxyl |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |
| meprobamate |
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| niva thyroid |
| np thyroid |
| octreotide acetate |
| ODEFSEY |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |

| Medication Name |
|---|
| prednisolone sodium phosphate odt |
| prednisone intensol |
| promethegan |
| quinidine gluconate |
| risedronate |
| risedronate dr |
| SEREVENT |
| spinosad |
| STRIBILD |
| sulfadiazine |
| sumatriptan nasal spray |
| SYMTUZA |
| tazarotene |
| testosterone |
| tetracycline |
| thyroid |
| topiramate er |
| tovet emollient foam |
| tranylcypromine |
| TRIUMEQ |
| TRIUMEQ PD |
| verapamil er pm |
| zolmitriptan tablet |
| zolmitriptan odt |

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

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

| Medication Name |
|---|
| AURYXIA 210 MG TABLET |

| Medication Name |
|---|
| AUVELITY ER 45-105 MG TABLET |

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

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

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

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

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FANAPT[2] | aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |
| KOMBIGLYZE XR | saxagliptin-metformin er |
| LEVEMIR | basaglar, TRESIBA |
| naproxen sodium CR/ER 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| PREZISTA 600 MG, 800 MG TABLET | darunavir |
| VOTRIENT[2] | pazopanib |
| ZIOPTAN | tafluprost |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

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

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

**Will no longer need approval from Cigna before it can be covered ("prior authorization").**

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| January 1 | DESCOVY 120-15 MG TABLET |
| | DESCOVY 200-25 MG TABLET |

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

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |
| January 1 | DESCOVY 200-25 MG TABLET |

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

Review the 2025 drug list at 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 |
|---|
| abacavir-lamivudine-zidovudine (generic TRIZIVIR) |
| adapalene |
| almotriptan |
| amlodipine-valsartan-hctz |
| amphetamine sulfate |
| aprepitant |
| BIKTARVY |
| bromfenac sodium |
| calcipotriene cream, ointment, solution |
| carbidopa-levodopa-entacapone |
| cefaclor er |
| chlorpromazine |
| clobetasol emollient foam |
| clobetasol emulsion foam |
| clocortolone pivalate |
| COMPLERA |
| demeclocycline |
| desoximetasone |
| dexmethylphenidate er |
| DOVATO |
| efavirenz-emtricitabine-tenofovir (generic ATRIPLA) |
| efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO) |

| Medication Name |
|---|
| erythromycin ethylsuccinate |
| erythromycin-benzoyl peroxide |
| fenoprofen 600 mg tablet |
| fentanyl patch |
| fluvastatin |
| fluvastatin er |
| frovatriptan |
| gatifloxacin eye drops |
| GENVOYA |
| griseofulvin |
| griseofulvin ultramicrosize |
| GYNAZOLE-1 |
| hydrocortisone butyrate |
| JULUCA |
| ketoprofen |
| lamotrigine er |
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |

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

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

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

Review the 2025 drug list at 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 |
|---|
| meprobamate |
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| octreotide acetate |
| ODEFSEY |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |
| prednisolone sodium phosphate odt |
| prednisone intensol |
| promethegan |

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

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

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

| Medication Name |
|---|
| AURYXIA 210 MG TABLET |
| AUVELITY ER 45-105 MG TABLET |
| budesonide 2 mg rectal foam |
| dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg |
| doxepin 5% cream |
| FARESTON 60 MG TABLET |
| GRASTEK 2,800 BAU SL TABLET |
| insulin glargine-yfgn U100 pen, vial |
| KERENDIA 10 MG, 20 MG TABLET |
| KRINTAFEL 150 MG TABLET |

| Medication Name |
|---|
| LUCEMYRA 0.18 MG TABLET |
| MIEBO 100% EYE DROPS |
| NORLIQVA 1 MG/ML SOLUTION |
| NOVOLIN R 100 UNIT/ML FLEXPEN |
| NUEDEXTA 20-10 MG CAPSULE |
| OMNIPOD 5 G6 PODS (GEN 5) 5 PACK |
| OMNIPOD CLASSIC PODS(GEN3) 5 PACK |
| OMNIPOD DASH PODS (GEN 4) 5 PACK |
| OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY |

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

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

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

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

| Medication Name |
|---|
| ORALAIR 300 IR SUBLINGUAL TABLET |
| prudoxin 5% cream |
| RAGWITEK SUBLINGUAL TABLET |
| RECORLEV 150 MG TABLET |
| RELION NOVOLIN R U-100 FLEXPEN |
| RYALTRIS 665-25 MCG SPRAY |
| SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL |
| SYMJEPI 0.3 MG/0.3 ML SYRINGE |
| TAVNEOS 10 MG CAPSULE |
| TLANDO 112.5 MG CAPSULE |
| toremifene 60 mg tablet |

| Medication Name |
|---|
| UCERIS 2 MG RECTAL FOAM |
| VERKAZIA 0.1% EYE EMULSION |
| VTAMA 1% CREAM |
| XOSPATA 40 MG TABLET |
| XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR |
| ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET |
| zonalon 5% cream |
| ZONISADE 100 MG/5 ML ORAL SUSPENSION |
| ZTALMY 50 MG/ML SUSPENSION |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |
| KOMBIGLYZE XR | saxagliptin-metformin er |
| naproxen sodium cr/er 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| PREZISTA 600 MG, 800 MG TABLET | darunavir |
| SEREVENT | STRIVERDI |
| VOTRIENT[2] | pazopanib |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Will no longer need approval from Cigna before it can be covered ("prior authorization").

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

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

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | XARELTO |
| | VYNDAMAX |

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

Review the 2025 drug list at 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 |
|---|
| adapalene |
| almotriptan |
| amlodipine-valsartan-hctz |
| amphetamine sulfate |
| aprepitant |
| ATRIPLA |
| azelaic acid |
| bromfenac sodium |
| calcipotriene cream, ointment, solution |
| carbidopa-levodopa-entacapone |
| cefaclor er |
| chlorpromazine |
| clobetasol emollient foam |
| clobetasol emulsion foam |
| clocortolone pivalate |
| colesevelam |
| demeclocycline |
| desoximetasone |
| dexmethylphenidate er |
| eletriptan |
| erythromycin ethylsuccinate |

| Medication Name |
|---|
| erythromycin-benzoyl peroxide |
| fenoprofen 600 mg tablet |
| fentanyl patch |
| fluvastatin |
| fluvastatin er |
| frovatriptan |
| gatifloxacin eye drops |
| griseofulvin |
| griseofulvin ultramicrosize |
| GYNAZOLE-I |
| hydrocortisone butyrate |
| ketoprofen |
| lamotrigine er |
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| levoxyl |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |
| meprobamate |

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

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

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

Review the 2025 drug list at 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 |
|---|
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| niva thyroid |
| np thyroid |
| octreotide acetate |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |
| prednisolone sodium phosphate odt |
| prednisone intensol |
| PREZISTA 600MG, 800MG TABLET |

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

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

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

| Medication Name |
|---|
| AURYXIA 210 MG TABLET |
| AUVELITY ER 45-105 MG TABLET |
| budesonide 2 mg rectal foam |
| dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg |
| doxepin 5% cream |
| FARESTON 60 MG TABLET |
| GRASTEK 2,800 BAU SL TABLET |
| insulin glargine-yfgn U100 pen, vial |
| KERENDIA 10 MG, 20 MG TABLET |

| Medication Name |
|---|
| KRINTAFEL 150 MG TABLET |
| LUCEMYRA 0.18 MG TABLET |
| MIEBO 100% EYE DROPS |
| NORLIQVA 1 MG/ML SOLUTION |
| NOVOLIN R 100 UNIT/ML FLEXPEN |
| NUEDEXTA 20-10 MG CAPSULE |
| OMNIPOD 5 G6 PODS (GEN 5) 5 PACK |
| OMNIPOD CLASSIC PODS (GEN3) 5 PACK |
| OMNIPOD DASH PODS (GEN 4) 5 PACK |

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

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

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

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

| Medication Name |
|---|
| OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY |
| ORALAIR 300 IR SUBLINGUAL TABLET |
| prudoxin 5% cream |
| RAGWITEK SUBLINGUAL TABLET |
| RECORLEV 150 MG TABLET |
| RELION NOVOLIN R U-100 FLEXPEN |
| RYALTRIS 665-25 MCG SPRAY |
| SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL |
| SYMJEPI 0.3 MG/0.3 ML SYRINGE |
| TAVNEOS 10 MG CAPSULE |
| TLANDO 112.5 MG CAPSULE |

| Medication Name |
|---|
| toremifene 60 mg tablet |
| UCERIS 2 MG RECTAL FOAM |
| VERKAZIA 0.1% EYE EMULSION |
| VTAMA 1% CREAM |
| XOSPATA 40 MG TABLET |
| XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR |
| ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET |
| zonalon 5% cream |
| ZONISADE 100 MG/5 ML ORAL SUSPENSION |
| ZTALMY 50 MG/ML SUSPENSION |

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FANAPT[2] | aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |
| KOMBIGLYZE XR | saxagliptin-metformin er |
| LEVEMIR | basaglar, TRESIBA |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| naproxen sodium cr/er 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| VOTRIENT[2] | pazopanib |
| ZIOPTAN | tafluprost |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

## Will no longer need approval from Cigna before it can be covered ("prior authorization").

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| January 1 | DESCOVY 120-15 MG TABLET |
| | DESCOVY 200-25 MG TABLET |

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

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |
| January 1 | DESCOVY 200-25 MG TABLET |

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

Review the 2025 drug list at 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 |
|---|
| abacavir-lamivudine-zidovudine (generic TRIZIVIR) |
| adapalene |
| almotriptan |
| amlodipine-valsartan-hctz |
| amphetamine sulfate |
| aprepitant |
| azelaic acid |
| BIKTARVY |
| bromfenac sodium |
| calcipotriene cream, ointment, solution |
| carbidopa-levodopa-entacapone |
| cefaclor er |
| chlorpromazine |
| CHORIONIC GONADOTROPIN |
| clobetasol emollient foam |
| clobetasol emulsion foam |
| clocortolone pivalate |
| colesevelam |
| COMPLERA |
| demeclocycline |
| desoximetasone |

| Medication Name |
|---|
| dexmethylphenidate er |
| DOVATO |
| efavirenz-emtricitabine-tenofovir |
| efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO) |
| eletriptan |
| erythromycin ethylsuccinate |
| erythromycin-benzoyl peroxide |
| fenoprofen 600 mg tablet |
| fentanyl patch |
| fluvastatin |
| fluvastatin er |
| frovatriptan |
| gatifloxacin eye drops |
| GENVOYA |
| griseofulvin |
| griseofulvin ultramicrosize |
| GYNAZOLE-1 |
| hydrocortisone butyrate |
| JULUCA |
| ketoprofen |
| lamotrigine er |

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

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

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

Review the 2025 drug list at 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 |
|---|
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| levoxyl |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |
| meprobamate |
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| niva thyroid |
| np thyroid |
| octreotide acetate |
| ODEFSEY |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |

| Medication Name |
|---|
| prednisolone sodium phosphate odt |
| prednisone intensol |
| promethegan |
| quinidine gluconate |
| risedronate |
| risedronate dr |
| SEREVENT* |
| spinosad |
| STRIBILD |
| sulfadiazine |
| sumatriptan nasal spray |
| SYMTUZA |
| tazarotene |
| testosterone |
| tetracycline |
| thyroid |
| topiramate er |
| tovet emollient foam |
| tranylcypromine |
| TRIUMEQ |
| TRIUMEQ PD |
| verapamil er pm |
| zolmitriptan tablet |
| zolmitriptan odt |

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

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

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

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

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

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

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

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

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

| Medication Name |
|---|
| doxepin 5% cream |
| FARESTON 60 MG TABLET |
| GRASTEK 2,800 BAU SL TABLET |
| insulin glargine-yfgn U100 pen, vial |
| KERENDIA 10 MG, 20 MG TABLET |
| KRINTAFEL 150 MG TABLET |
| LUCEMYRA 0.18 MG TABLET |
| MIEBO 100% EYE DROPS |
| NORLIQVA 1 MG/ML SOLUTION |
| NOVOLIN R 100 UNIT/ML FLEXPEN |
| NUEDEXTA 20-10 MG CAPSULE |
| OMNIPOD 5 G6 PODS (GEN 5) 5 PACK |
| OMNIPOD CLASSIC PODS (GEN3) 5 PACK |
| OMNIPOD DASH PODS (GEN 4) 5 PACK |
| OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY |
| ORALAIR 300 IR SUBLINGUAL TABLET |
| prudoxin 5% cream |
| RAGWITEK SUBLINGUAL TABLET |

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FANAPT[2] | aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| KOMBIGLYZE XR | saxagliptin-metformin er |
| LEVEMIR | basaglar, TRESIBA |
| naproxen sodium cr/er 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| PREZISTA 600 MG, 800 MG TABLET | darunavir |
| SEREVENT* | STRIVERDI |
| VOTRIENT[2] | pazopanib |
| ZIOPTAN | tafluprost |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

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

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

**Will no longer need approval from Cigna before it can be covered ("prior authorization").**

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| January 1 | DESCOVY 120-15 MG TABLET |
| | DESCOVY 200-25 MG TABLET |

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

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

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

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

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |
| January 1 | DESCOVY 200-25 MG TABLET |

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

Review the 2025 drug list at 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 |
|---|
| abacavir-lamivudine-zidovudine (generic TRIZIVIR) |
| adapalene |
| almotriptan |
| amlodipine-valsartan-hctz |
| amphetamine sulfate |
| aprepitant |
| azelaic acid |
| BIKTARVY |
| bromfenac sodium |
| calcipotriene cream, ointment, solution |
| carbidopa-levodopa-entacapone |
| cefaclor er |
| chlorpromazine |
| CHORIONIC GONADOTROPIN |
| clobetasol emollient foam |
| clobetasol emulsion foam |
| clocortolone pivalate |
| colesevelam |
| COMPLERA |
| demeclocycline |
| desoximetasone |

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

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

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

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

Review the 2025 drug list at **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 |
|---|
| lamotrigine odt |
| lansoprazole-amoxicillin-clarithromycin |
| levoxyl |
| linezolid 600 mg tablet |
| malathion |
| mefenamic acid |
| meperidine |
| meprobamate |
| methazolamide |
| methylphenidate er (la) |
| methylphenidate cd |
| methylphenidate er (cd) |
| methylphenidate la |
| naftifine |
| nicardipine |
| niva thyroid |
| np thyroid |
| octreotide acetate |
| ODEFSEY |
| opium tincture |
| oxymorphone |
| oxymorphone er |
| paromomycin |
| pramipexole er |
| praziquantel |

| Medication Name |
|---|
| prednisolone sodium phosphate odt |
| prednisone intensol |
| promethegan |
| quinidine gluconate |
| risedronate |
| risedronate dr |
| SEREVENT |
| spinosad |
| STRIBILD |
| sulfadiazine |
| sumatriptan nasal spray |
| SYMTUZA |
| tazarotene |
| testosterone |
| tetracycline |
| thyroid |
| topiramate er |
| tovet emollient foam |
| tranylcypromine |
| TRIUMEQ |
| TRIUMEQ PD |
| verapamil er pm |
| zolmitriptan tablet |
| zolmitriptan odt |

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

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

| Medication Name |
|---|
| AURYXIA 210 MG TABLET |

| Medication Name |
|---|
| AUVELITY ER 45-105 MG TABLET |

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

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

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

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

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| CELONTIN | methsuximide |
| FANAPT[2] | aripiprazole, asenapine, lurasidone, paliperidone, quetiapine, risperidone, ziprasidone |
| FLOVENT DISKUS | ALVESCO, ARNUITY ELLIPTA, QVAR |
| FLOVENT HFA | ALVESCO, ARNUITY ELLIPTA, QVAR |
| fluticasone propionate diskus | ALVESCO, ARNUITY ELLIPTA, QVAR |
| HUMALOG U-100 (VIAL ONLY) | insulin lispro (vial) |
| HUMATROPE[2] | GENOTROPIN |

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

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

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

| Medication Name | Generics and/or Preferred Brand Medications |
|---|---|
| HYRIMOZ[2] | ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADBM, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK |
| KOMBIGLYZE XR | saxagliptin-metformin er |
| LEVEMIR | basaglar, TRESIBA |
| naproxen sodium cr/er 375 mg tablet | celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin |
| NORDITROPIN[2] | GENOTROPIN |
| NOXAFIL 40 MG/ML SUSPENSION | posaconazole |
| ONGLYZA | saxagliptin |
| PREZISTA 600, 800 MG TABLET | darunavir |
| VOTRIENT[2] | pazopanib |
| ZIOPTAN | tafluprost |

## Medications that will no longer be covered under the pharmacy benefit as of January 1, 2025[3]

| Medication Name | Drug Class |
|---|---|
| MENACTRA | Vaccines |
| PREVNAR 13 | Vaccines |

## Medications that will need approval from Cigna Healthcare before they can be covered

| Date Change Starts | Medication Name |
|---|---|
| April 1 | MOUNJARO |
| | OZEMPIC |
| | RYBELSUS |
| March 15 | ORENCIA SC |
| | SOTYKTU |
| | ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET |

| Date Change Starts | Medication Name |
|---|---|
| January 15 | BRUKINSA |
| | CAMZYOS |
| | GRASTEK |
| | LONSURF |
| | UPTRAVI TABLET, TITRATION PACK |
| | VYNDAMAX |

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

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

**Will no longer need approval from Cigna before it can be covered ("prior authorization").**

| Date Change Starts | Medication Name |
|---|---|
| March 1 | dabigatran |
| | ELIQUIS |
| | XARELTO |

| Date Change Starts | Medication Name |
|---|---|
| January 1 | DESCOVY 120-15 MG TABLET |
| | DESCOVY 200-25 MG TABLET |

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

# Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty® Drug List.[1,4] 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) |
|---|---|
| ALYGLO* | BIVIGAM*, FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| ALYMSYS* | MVASI*, ZIRABEV* |
| APHEXDA | PLERIXAFOR |
| ASCENIV* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| AVASTIN* | MVASI*, ZIRABEV* |
| BERINERT* | icatibant |
| BIVIGAM* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| CINQAIR* | DUPIXENT, FASENRA PEN, NUCALA SYR/AUTOINJECTOR, TEZSPIRE*, XOLAIR* |
| CUVITRU* | CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY* |
| DDAVP | desmopressin acetate |
| ERWINASE | ASPARLAS, ONCASPAR |
| FULPHILA* | NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY* |
| FYLNETRA* | NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY* |
| GAMMAGARD LIQUID*, GAMMAGARD S/D* | BIVIGAM*, 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*, OGIVRI*,TRAZIMERA* |
| HERZUMA* | KANJINTI*, OGIVRI*,TRAZIMERA* |
| HYALGAN | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYMOVIS | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYQVIA* | CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY* |
| INFUGEM | gemcitabine (generic GEMZAR) |
| KALBITOR* | icatibant |
| LEMTRADA* | AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS* |
| LEQVIO* | REPATHA |
| MONOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| NEUPOGEN | NIVESTYM, ZARXIO |
| ONTRUZANT* | KANJINTI*, OGIVRI*, TRAZIMERA* |
| ORENCIA IV* | ADALIMUMAB-ADAZ, CYLTEZO, ENBREL, HADLIMA, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR |
| ORTHOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| RELEUKO | NIVESTYM, ZARXIO |
| REMICADE* | AVSOLA*, INFLECTRA* |
| REMODULIN* | treprostinil* |
| RENFLEXIS* | AVSOLA*, INFLECTRA* |
| REVATIO | sildenafil |
| RITUXAN*, RITUXAN HYCELA* | RIABNI*, RUXIENCE*, TRUXIMA* |

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**.

# Cigna Pathwell Specialty Drug List *(Cont.)*

| Medication Name *(not covered)* | Preferred Medication(s) |
|---|---|
| RUCONEST* | icatibant |
| RYLAZE | ASPARLAS, ONCASPAR |
| SANDOSTATIN LAR DEPOT* | SOMATULINE DEPOT* |
| SAPHNELO* | BENLYSTA* |
| SIGNIFOR LAR* | SOMATULINE DEPOT* |
| STIMUFEND* | NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY* |
| SUPARTZ FX | DUROLANE, EUFLEXXA, GELSYN-3 |
| SUSVIMO | AVASTIN (repackaged, intravitreal inj) |
| SYNOJOYNT | DUROLANE, EUFLEXXA, GELSYN-3 |
| SYNVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| TRILURON | DUROLANE, EUFLEXXA, GELSYN-3 |
| TRIVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| TYSABRI* (when used to treat Crohn's Disease) | ADALIMUMAB-ADAZ, AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, CYLTEZO, HADLIMA, HUMIRA, INFLECTRA* |
| TYSABRI* (when used to treat Multiple Sclerosis) | AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS* |
| VEGZELMA* | MVASI*, ZIRABEV* |
| VISCO-3 | DUROLANE, EUFLEXXA, GELSYN-3 |
| VYEPTI* | AIMOVIG, AJOVY, EMGALITY |
| ZIEXTENZO* | NEULASTA* NEULASTA ONPRO*, NYVEPRIA*, UDENYCA*, UDENYCA AUTO-INJECTOR*, UDENYCA ONBODY* |

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

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


1. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval by January 1 and continue to fill/order this medication, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
2. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31, 2024 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
3. 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.

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 are required to use an in-network pharmacy to fill the prescription.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

# Discrimination is against the law

**Medical coverage**

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

**Cigna Healthcare:**

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

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

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

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

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to **ACAGrievance@Cigna.com**. 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 **https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html**



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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare 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 Healthcare, 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：我們可爲您免費提供語言協助服務。對於 Cigna Healthcare 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna Healthcare, 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 Healthcare 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, 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 Healthcare, 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 Healthcare الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتص 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare 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 Healthcare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 Healthcare 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 Healthcare-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 می شود. برای مشتریان فعلی Cigna Healthcare، لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شمار ه گیری کنید).

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