

Medication Coverage Changes

for 2025

These are the changes Cigna HealthcareSM 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.

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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](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
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](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
methazolamide	promethegan
methylphenidate er (la)	quinidine gluconate
methylphenidate cd	risedronate
methylphenidate er (cd)	risedronate dr
methylphenidate la	SELZENTRY 150 MG, 300 MG TABLET
naftifine	SEREVENT
nicardipine	spinosad
niva thyroid	sulfadiazine
np thyroid	sumatriptan nasal spray
octreotide acetate	tazarotene
opium tincture	testosterone
oxymorphone	tetracycline
oxymorphone er	thyroid
paromomycin	topiramate er
pramipexole er	tovet emollient foam
praziquantel	tranylcypromine
prednisolone sodium phosphate odt	verapamil er pm
prednisone intensol	zolmitriptan tablet
PREZISTA 600 MG, 800 MG 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	Medication Name
AURYXIA 210 MG TABLET	KERENDIA 10 MG, 20 MG TABLET
AUVELITY ER 45-105 MG TABLET	KRINTAFEL 150 MG TABLET
budesonide 2 mg rectal foam	LUCEMYRA 0.18 MG TABLET
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	MIEBO 100% EYE DROPS
doxepin 5% cream	NORLIQVA 1 MG/ML SOLUTION
FARESTON 60 MG TABLET	NOVOLIN R 100 UNIT/ML FLEXPEN
GRASTEK 2,800 BAU SL TABLET	NUEDEXTA 20-10 MG CAPSULE
insulin glargine-yfqn UI00 pen, vial	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	Medication Name
OMNIPOD CLASSIC PODS(GEN3) 5 PACK	TLANDO 112.5 MG CAPSULE
OMNIPOD DASH PODS (GEN 4) 5 PACK	toremifene 60 mg tablet
OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY	UCERIS 2 MG RECTAL FOAM
ORALAIR 300 IR SUBLINGUAL TABLET	VERKAZIA 0.1% EYE EMULSION
prudoxin 5% cream	VTAMA 1% CREAM
RAGWITEK SUBLINGUAL TABLET	XOSPATA 40 MG TABLET
RECORLEV 150 MG TABLET	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML, AUTO-INJECTOR
RELION NOVOLIN R U-100 FLEXPEN	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
RYALTRIS 665-25 MCG SPRAY	zonalon 5% cream
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL	ZONISADE 100 MG/5 ML ORAL SUSPENSION
SYMJEPI 0.3 MG/0.3 ML SYRINGE	ZTALMY 50 MG/ML SUSPENSION
TAVNEOS 10 MG CAPSULE	

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives¹

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-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA

¹ 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 alternatives¹ (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, 2025³

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
March 1	dabigatran	January 1	DESCOVY 120-15 MG TABLET
	ELIQUIS		DESCOVY 200-25 MG TABLET
	XARELTO		

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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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](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
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	dexamethylphenidate er
adapalene	DOVATO
almotriptan	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
amlodipine-valsartan-hctz	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
amphetamine sulfate	eletriptan
aprepitant	erythromycin ethylsuccinate
azelaic acid	erythromycin-benzoyl peroxide
BIKTARVY	fenoprofen 600 mg tablet
bromfenac sodium	fentanyl patch
calcipotriene cream, ointment, solution	fluvastatin
carbidopa-levodopa-entacapone	fluvastatin er
cefaclor er	frovatriptan
chlorpromazine	gatifloxacin eye drops
CHORIONIC GONADOTROPIN	GENVOYA
clobetasol emollient foam	griseofulvin
clobetasol emulsion foam	griseofulvin ultramicrosize
clocortolone pivalate	GYNAZOLE-I
colesevelam	hydrocortisone butyrate
COMPLERA	JULUCA
demeclocycline	ketoprofen
desoximetasone	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](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
lamotrigine odt	prednisolone sodium phosphate odt
lansoprazole-amoxicillin-clarithromycin	prednisone intensol
levoxyl	promethegan
linezolid 600 mg tablet	quinidine gluconate
malathion	risedronate
mefenamic acid	risedronate dr
meperidine	SEREVENT*
meprobamate	spinosad
methazolamide	STRIBILD
methylphenidate er (la)	sulfadiazine
methylphenidate cd	sumatriptan nasal spray
methylphenidate er (cd)	SYMTUZA
methylphenidate la	tazarotene
naftifine	testosterone
nicardipine	tetracycline
niva thyroid	thyroid
np thyroid	topiramate er
octreotide acetate	tovet emollient foam
ODEFSEY	tranylcypromine
opium tincture	TRIUMEQ
oxymorphone	TRIUMEQ PD
oxymorphone er	verapamil er pm
paromomycin	zolmitriptan tablet
pramipexole er	zolmitriptan odt
praziquantel	

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

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'

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-ADB, 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 alternatives¹ (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, 2025³

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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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](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
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	dexmethylphenidate er
adapalene	DOVATO
almotriptan	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
amlodipine-valsartan-hctz	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
amphetamine sulfate	eletriptan
aprepitant	erythromycin ethylsuccinate
azelaic acid	erythromycin-benzoyl peroxide
BIKTARVY	fenoprofen 600 mg tablet
bromfenac sodium	fentanyl patch
calcipotriene cream, ointment, solution	fluvastatin
carbidopa-levodopa-entacapone	fluvastatin er
cefaclor er	frovatriptan
chlorpromazine	gatifloxacin eye drops
CHORIONIC GONADOTROPIN	GENVOYA
clobetasol emollient foam	griseofulvin
clobetasol emulsion foam	griseofulvin ultramicrosize
clocortolone pivalate	GYNAZOLE-I
colesevelam	hydrocortisone butyrate
COMPLERA	JULUCA
demeclocycline	ketoprofen
desoximetasone	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](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
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

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

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives¹

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 alternatives¹ (cont.)

Medication Name	Generics and/or Preferred Brand Medications
HYRIMOZ ²	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium CR/ER 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN 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, 2025³

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASSTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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](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
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	erythromycin ethylsuccinate
adapalene	erythromycin-benzoyl peroxide
almotriptan	fenoprofen 600 mg tablet
amlodipine-valsartan-hctz	fentanyl patch
amphetamine sulfate	fluvastatin
aprepitant	fluvastatin er
BIKTARVY	frovatriptan
bromfenac sodium	gatifloxacin eye drops
calcipotriene cream, ointment, solution	GENVOYA
carbidopa-levodopa-entacapone	griseofulvin
cefaclor er	griseofulvin ultramicrosize
chlorpromazine	GYNAZOLE-I
clobetasol emollient foam	hydrocortisone butyrate
clobetasol emulsion foam	JULUCA
clocortolone pivalate	ketoprofen
COMPLERA	lamotrigine er
demeclocycline	lamotrigine odt
desoximetasone	lansoprazole-amoxicillin-clarithromycin
dexmethylphenidate er	linezolid 600 mg tablet
DOVATO	malathion
efavirenz-emtricitabine-tenofovir (generic ATRIPLA)	mefenamic acid
efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)	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](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
meprobamate	quinidine gluconate
methazolamide	risedronate
methylphenidate er (la)	risedronate dr
methylphenidate cd	spinosad
methylphenidate er (cd)	STRIBILD
methylphenidate la	sulfadiazine
naftifine	sumatriptan nasal spray
nicardipine	SYMTUZA
octreotide acetate	tazarotene
ODEFSEY	testosterone
opium tincture	tetracycline
oxymorphone	topiramate er
oxymorphone er	tovet emollient foam
paromomycin	tranylcypromine
pramipexole er	TRIUMEQ
praziquantel	TRIUMEQ PD
prednisolone sodium phosphate odt	verapamil er pm
prednisone intensol	zolmitriptan tablet
promethegan	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	Medication Name
AURYXIA 210 MG TABLET	LUCEMYRA 0.18 MG TABLET
AUVELITY ER 45-105 MG TABLET	MIEBO 100% EYE DROPS
budesonide 2 mg rectal foam	NORLIQVA 1 MG/ML SOLUTION
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	NOVOLIN R 100 UNIT/ML FLEXPEN
doxepin 5% cream	NUEDEXTA 20-10 MG CAPSULE
FARESTON 60 MG TABLET	OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
GRASSTEK 2,800 BAU SL TABLET	OMNIPOD CLASSIC PODS(GEN3) 5 PACK
insulin glargine-yfgn UI00 pen, vial	OMNIPOD DASH PODS (GEN 4) 5 PACK
KERENDIA 10 MG, 20 MG TABLET	OMNIPOD GO PODS 10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY
KRINTAFEL 150 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 (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	Medication Name
ORALAIR 300 IR SUBLINGUAL TABLET	UCERIS 2 MG RECTAL FOAM
prudoxin 5% cream	VERKAZIA 0.1% EYE EMULSION
RAGWITEK SUBLINGUAL TABLET	VTAMA 1% CREAM
RECORLEV 150 MG TABLET	XOSPATA 40 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
RYALTRIS 665-25 MCG SPRAY	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL	zonalon 5% cream
SYMJEPI 0.3 MG/0.3 ML SYRINGE	ZONISADE 100 MG/5 ML ORAL SUSPENSION
TAVNEOS 10 MG CAPSULE	ZTALMY 50 MG/ML SUSPENSION
TLANDO 112.5 MG CAPSULE	
toremifene 60 mg tablet	

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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 alternatives¹

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 alternatives¹ (cont.)

Medication Name	Generics and/or Preferred Brand Medications
HYRIMOZ ²	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN 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, 2025³

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	Date Change Starts	Medication Name
March 1	dabigatran	March 1	dabigatran
	ELIQUIS		ELIQUIS
	XARELTO		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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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](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
adapalene	erythromycin-benzoyl peroxide
almotriptan	fenoprofen 600 mg tablet
amlodipine-valsartan-hctz	fentanyl patch
amphetamine sulfate	fluvastatin
aprepitant	fluvastatin er
ATRIPLA	frovatriptan
azelaic acid	gatifloxacin eye drops
bromfenac sodium	griseofulvin
calcipotriene cream, ointment, solution	griseofulvin ultramicrosize
carbidopa-levodopa-entacapone	GYNAZOLE-I
cefaclor er	hydrocortisone butyrate
chlorpromazine	ketoprofen
clobetasol emollient foam	lamotrigine er
clobetasol emulsion foam	lamotrigine odt
clocortolone pivalate	lansoprazole-amoxicillin-clarithromycin
colesevelam	levoxyl
demeclocycline	linezolid 600 mg tablet
desoximetasone	malathion
dexmethylphenidate er	mefenamic acid
eletriptan	meperidine
erythromycin ethylsuccinate	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](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
methazolamide	promethegan
methylphenidate er (la)	quinidine gluconate
methylphenidate cd	risedronate
methylphenidate er (cd)	risedronate dr
methylphenidate la	SELZENTRY 150 MG, 300 MG TABLET
naftifine	SEREVENT
nicardipine	spinosad
niva thyroid	sulfadiazine
np thyroid	sumatriptan nasal spray
octreotide acetate	tazarotene
opium tincture	testosterone
oxymorphone	tetracycline
oxymorphone er	thyroid
paromomycin	topiramate er
pramipexole er	tovet emollient foam
praziquantel	tranylcypromine
prednisolone sodium phosphate odt	verapamil er pm
prednisone intensol	zolmitriptan tablet
PREZISTA 600MG, 800MG 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	Medication Name
AURYXIA 210 MG TABLET	KRINTAFEL 150 MG TABLET
AUVELITY ER 45-105 MG TABLET	LUCEMYRA 0.18 MG TABLET
budesonide 2 mg rectal foam	MIEBO 100% EYE DROPS
dextroamphetamine 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg	NORLIQVA 1 MG/ML SOLUTION
doxepin 5% cream	NOVOLIN R 100 UNIT/ML FLEXPEN
FARESTON 60 MG TABLET	NUEDEXTA 20-10 MG CAPSULE
GRASTEK 2,800 BAU SL TABLET	OMNIPOD 5 G6 PODS (GEN 5) 5 PACK
insulin glargine-yfqn UI00 pen, vial	OMNIPOD CLASSIC PODS (GEN3) 5 PACK
KERENDIA 10 MG, 20 MG TABLET	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	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	toremifene 60 mg tablet
ORALAIR 300 IR SUBLINGUAL TABLET	UCERIS 2 MG RECTAL FOAM
prudoxin 5% cream	VERKAZIA 0.1% EYE EMULSION
RAGWITEK SUBLINGUAL TABLET	VTAMA 1% CREAM
RECORLEV 150 MG TABLET	XOSPATA 40 MG TABLET
RELION NOVOLIN R U-100 FLEXPEN	XYOSTED 50 MG/0.5 ML, 75 MG/0.5 ML, 100 MG/0.5 ML AUTO-INJECTOR
RYALTRIS 665-25 MCG SPRAY	ZENZEDI 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG TABLET
SEMGLEE (YFGN) 100 UNIT/ML PEN, VIAL	zonalon 5% cream
SYMJEPI 0.3 MG/0.3 ML SYRINGE	ZONISADE 100 MG/5 ML ORAL SUSPENSION
TAVNEOS 10 MG CAPSULE	ZTALMY 50 MG/ML SUSPENSION
TLANDO 112.5 MG CAPSULE	

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives¹

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-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA

¹ 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 alternatives¹ *(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, 2025³

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		VYNDAMAX

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
March 1	dabigatran	January 1	DESCOVY 120-15 MG TABLET
	ELIQUIS		DESCOVY 200-25 MG TABLET
	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 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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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](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
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	dexmethylphenidate er
adapalene	DOVATO
almotriptan	efavirenz-emtricitabine-tenofovir
amlodipine-valsartan-hctz	efavirenz-lamivudine-tenofovir (generic SYMFY/SYMFY LO)
amphetamine sulfate	eletriptan
aprepitant	erythromycin ethylsuccinate
azelaic acid	erythromycin-benzoyl peroxide
BIKTARVY	fenoprofen 600 mg tablet
bromfenac sodium	fentanyl patch
calcipotriene cream, ointment, solution	fluvastatin
carbidopa-levodopa-entacapone	fluvastatin er
cefaclor er	frovatriptan
chlorpromazine	gatifloxacin eye drops
CHORIONIC GONADOTROPIN	GENVOYA
clobetasol emollient foam	griseofulvin
clobetasol emulsion foam	griseofulvin ultramicrosize
clocortolone pivalate	GYNAZOLE-I
colesevelam	hydrocortisone butyrate
COMPLERA	JULUCA
demeclocycline	ketoprofen
desoximetasone	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](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
lamotrigine odt	prednisolone sodium phosphate odt
lansoprazole-amoxicillin-clarithromycin	prednisone intensol
levoxyl	promethegan
linezolid 600 mg tablet	quinidine gluconate
malathion	risedronate
mefenamic acid	risedronate dr
meperidine	SEREVENT*
meprobamate	spinosad
methazolamide	STRIBILD
methylphenidate er (la)	sulfadiazine
methylphenidate cd	sumatriptan nasal spray
methylphenidate er (cd)	SYMTUZA
methylphenidate la	tazarotene
naftifine	testosterone
nicardipine	tetracycline
niva thyroid	thyroid
np thyroid	topiramate er
octreotide acetate	tovet emollient foam
ODEFSEY	tranylcypromine
opium tincture	TRIUMEQ
oxymorphone	TRIUMEQ PD
oxymorphone er	verapamil er pm
paromomycin	zolmitriptan tablet
pramipexole er	zolmitriptan odt
praziquantel	

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

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives¹

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-ADB, 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 alternatives¹ (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, 2025³

Medication Name	Drug Class
MENACTRA	Vaccines
PREVNAR I3	Vaccines

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

Date Change Starts	Medication Name	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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	Date Change Starts	Medication Name
March 1	dabigatran	January 1	DESCOVY 120-15 MG TABLET
	ELIQUIS		DESCOVY 200-25 MG TABLET
	XARELTO		

* 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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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](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
abacavir-lamivudine-zidovudine (generic TRIZIVIR)	dexmethylphenidate er
adapalene	DOVATO
almotriptan	efavirenz-emtricitabine-tenofovir (generic ATRIPLA)
amlodipine-valsartan-hctz	efavirenz-lamivudine-tenofovir (generic SYMFI/SYMFI LO)
amphetamine sulfate	eletriptan
aprepitant	erythromycin ethylsuccinate
azelaic acid	erythromycin-benzoyl peroxide
BIKTARVY	fenoprofen 600 mg tablet
bromfenac sodium	fentanyl patch
calcipotriene cream, ointment, solution	fluvastatin
carbidopa-levodopa-entacapone	fluvastatin er
cefaclor er	frovatriptan
chlorpromazine	gatifloxacin eye drops
CHORIONIC GONADOTROPIN	GENVOYA
clobetasol emollient foam	griseofulvin
clobetasol emulsion foam	griseofulvin ultramicrosize
clocortolone pivalate	GYNAZOLE-I
colesevelam	hydrocortisone butyrate
COMPLERA	JULUCA
demeclocycline	ketoprofen
desoximetasone	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](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
lamotrigine odt	prednisolone sodium phosphate odt
lansoprazole-amoxicillin-clarithromycin	prednisone intensol
levoxyl	promethegan
linezolid 600 mg tablet	quinidine gluconate
malathion	risedronate
mefenamic acid	risedronate dr
meperidine	SEREVENT
meprobamate	spinosad
methazolamide	STRIBILD
methylphenidate er (la)	sulfadiazine
methylphenidate cd	sumatriptan nasal spray
methylphenidate er (cd)	SYMTUZA
methylphenidate la	tazarotene
naftifine	testosterone
nicardipine	tetracycline
niva thyroid	thyroid
np thyroid	topiramate er
octreotide acetate	tovet emollient foam
ODEFSEY	tranylcypromine
opium tincture	TRIUMEQ
oxymorphone	TRIUMEQ PD
oxymorphone er	verapamil er pm
paromomycin	zolmitriptan tablet
pramipexole er	zolmitriptan odt
praziquantel	

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

Medications that will no longer be covered as of January 1, 2025 because they're being taken off the drug list – and their covered alternatives¹

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 alternatives¹ (cont.)

Medication Name	Generics and/or Preferred Brand Medications
HYRIMOZ ²	ADALIMUMAB-ADAZ, CYLTEZO/ADALIMUMAB-ADB, HUMIRA (AbbVie), SIMLANDI/ADALIMUMAB-RYVK
KOMBIGLYZE XR	saxagliptin-metformin er
LEVEMIR	basaglar, TRESIBA
naproxen sodium cr/er 375 mg tablet	celecoxib, diclofenac sodium, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen sodium (ir), oxaprozin, piroxicam, sulindac, tolmetin
NORDITROPIN 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, 2025³

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	Date Change Starts	Medication Name
April 1	MOUNJARO	January 15	BRUKINSA
	OZEMPIC		CAMZYOS
	RYBELSUS		GRASSTEK
March 15	ORENCIA SC		LONSURF
	SOTYKTU		UPTRAVI TABLET, TITRATION PACK
	ZEPOSIA CAPSULE, STARTER KIT, STARTER PACKET		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	Date Change Starts	Medication Name
March 1	dabigatran	January 1	DESCOVY 120-15 MG TABLET
	ELIQUIS		DESCOVY 200-25 MG TABLET
	XARELTO		

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

Medication Name (not covered)	Preferred Medication(s)
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

Medication Name (not covered)	Preferred Medication(s)
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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Inc.

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Discrimination is against the law

Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, 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 in 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：我們可為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 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 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 شماره گیری کنید).