

Medication Coverage Changes

for 2026

These are the changes we're making to the Cigna Healthcare® Prescription Drug List in 2026. Changes are listed by drug list name and state; and medications are listed in alphabetical order (A-Z) by the type of change taking place. Use the chart below to find what page your drug list is on.

If you have Cigna Healthcare benefits and are affected by one of these changes, we'll send you a letter with next steps. You can also view the 2026 drug list at Cigna.com/ifp-drug-list.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim 1a tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

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, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 — and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir

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 no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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 no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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 be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion*
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream*
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

* This change doesn't affect customers in Illinois or Mississippi.

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, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
crotan 10% lotion**^
ERTACZO 2% CREAM^
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to Cigna.com/ifp-drug-list to see what tier it'll be covered on.

^ This change doesn't affect customers in Mississippi.

Medications that will have a quantity limit as of January 1, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTN
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream & lotion*	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream*	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% oint; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, Spinosad 0.9% topical suspension
DIFLORASONE 0.05% CREAM	betamethasone valerate 0.1% ointment; fluocinonide-E 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
DIFLORASONE 0.05% OINTMENT	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
ENDARI PACKET ^{4^}	glutamine
EPCLUSA	sofosbuvir-velpatasvir
ERTACZO 2% CREAM ⁺	naftifine 1% or 2% cream; econazole 1% cream; ketoconazole 2% cream; clotrimazole 1% cream; oxiconazole 1% cream; ciclopirox 0.77% cream, gel
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment

* This change only affects customers in Illinois and Mississippi.

[^] This change only affects customers in Illinois.

⁺ This change only affects customers in Mississippi.

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, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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 under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyopen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.



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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
bese 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

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

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to Cigna.com/ifp-drug-list to see what tier it'll be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-E 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER

¹Generic 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, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
besser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution
hydrocortisone-acetic ear drop

Medication Name
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim 1a tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
SUCRAID
testosterone 1% gel

Medication Name
testosterone 1.62% gel

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

Medications that will have a quantity limit as of January 1, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream, lotion	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment

¹ 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, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine-ritonavir-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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 under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA* ³

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

*This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

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, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 — and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir

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, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
FIRVANQ SOLUTION	vancomycin HCL
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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 under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

*This medication is covered under the Cigna Healthcare medical benefit.



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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion*
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beseer 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream*
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

* This change doesn't affect customers in Illinois or Mississippi.

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, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
crotan 10% lotion**^
ERTACZO 2% CREAM^
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to Cigna.com/ifp-drug-list to see what tier it'll be covered on.

^ This change doesn't affect customers in Mississippi.

Medications that will have a quantity limit as of January 1, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream, lotion*	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream*	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
ENDARI PACKET ^{4^}	glutamine
EPCLUSA	sofosbuvir-velpatasvir
ERTACZO 2% CREAM ⁺	naftifine 1% or 2% cream; econazole 1% cream; ketoconazole 2% cream; clotrimazole 1% cream; oxiconazole 1% cream; ciclopirox 0.77% cream, gel
FIRVANQ SOLUTION	vancomycin

* This change only affects customers in Illinois and Mississippi.

[^] This change only affects customers in Illinois.

⁺ This change only affects customers in Mississippi.

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, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUGH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUGH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUGH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUGH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUGH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUGH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUGH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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 under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

*This medication is covered under the Cigna Healthcare medical benefit.



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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 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 lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
bese 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

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

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to Cigna.com/ifp-drug-list to see what tier it'll be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Your plan will only cover so much of this medication at one time.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
COMPLERA TABLET	emtricitabine-rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER

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, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
ALYMSYS*	MVASI*, ZIRABEV*
APHEXDA	PLERIXAFOR
ARALST NP*	GLASSIA*, PROLASTIN C*
ASCENIV*	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
BORUZU	bortezomib
CINQAIR*	DUPIXENT, FASENRA*, NUCALA*, TEZSPIRE*, XOLAIR*
CUVITRU*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
DDAVP INJ	desmopressin acetate
DOCIVYX	docetaxel
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*	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, HYQVIA*, OCTAGAM*, PANZYGA*, PRIVIGEN*
GAMMAGARD S/D*	BIVIGAM*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PANZYGA*, PRIVIGEN*

Medication Name (not covered)	Preferred Medication(s)
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERCESSI*	KANJINTI*, OGIVRI*, TRAZIMERA*
HERZUMA*	KANJINTI*, OGIVRI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
IMULDOSA IV (Accord)	SELARSDI IV, USTEKINUMAB- TTWE IV, YESINTEK IV
INFLIXIMAB*	AVSOLA*, INFLECTRA*
IVRA	melphalan
KALBITOR*	icatibant
LEMTRADA*	AVONEX, BRIUMVI*, dimethyl fumarate, fingolimod, glatiramer acetate, glatopa, OCREVUS*, teriflunomide, TYSABRI*
LEQVIO*	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEUPOGEN	NIVESTYM, ZARXIO
NYPOZI	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
OPDIVO QVANTIG*	OPDIVO IV*

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)
ORENCIA IV*	ACTEMRA*, ADALIMUMAB-ADBIM, ADALIMUMAB-RYVK, COSENTYX*, CYLTEZO, ENBREL, OTEZLA, RINVOQ, SELARSDI, SIMLANDI, SKYRIZI, STELARA SC, TREMFYA, TYENNE*, USTEKINUMAB-TTWE, XELJANZ, YESINTEK
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
OTULFI IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
PIASKY*	SOLIRIS*, ULTOMIRIS*
PYZCHIVA VIAL	SELARSDI, USTEKINUMAB-TTWE, STELARA SC, YESINTEK
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
RYTELO*	REBLOZYL*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STELARA IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
STEQEYMA IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV

Medication Name (not covered)	Preferred Medication(s)
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, SYNVISC ONE	DUROLANE, EUFLEXXA, GELSYN-3
TEPYLUTE	thiotepa
TOFIDENCE	ACTEMRA IV*, TYENNE IV*
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
USTEKINUMAB IV	SELARSDI IV, USTEKINUMAB-TTWE IV, YESINTEK IV
VEGZELMA*	MVASI*, ZIRABEV*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZEMAIRA*	GLASSIA*, PROLASTIN C*
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 feels a different medication isn't right for you, your doctor's office can ask us to cover this medication. Ask your doctor's office to contact us 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 and continue to fill this medication on or after January 1, it won't be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.
2. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for the other biosimilars that treat your condition**, which your plan will cover until your current approval period ends.
3. **If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
4. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
5. There are some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our review process. For example, your plan doesn't cover (or "excludes") medications that the U.S. Food and Drug Administration (FDA) hasn't approved.

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.

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Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages



If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب بك) أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711).

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنند، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید: TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید