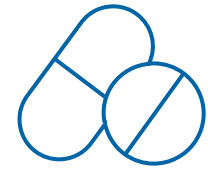


Medication Coverage Changes



Starting January 1, 2022^{1,2}

These are the medication coverage changes Cigna is making in 2022.^{1,2} Medications are listed alphabetically by drug list name. Some medications are covered under the pharmacy benefit, some under the medical benefit, and others are covered under both benefits. Typically, medications that you take yourself and fill at a retail pharmacy or through home delivery are covered under the pharmacy benefit. Medications that are injected or infused and are given to you at a doctor's office, an infusion center, or at home are typically covered under the medical benefit.

Changes to Cigna's Preventive Medication Program and exclusions of medications that aren't approved by the U.S. Food and Drug Administration (FDA) are listed at the end of this document.

If you have Cigna-administered pharmacy and/or medical benefits and you're affected by one of these changes, we'll send you a letter with specific information on next steps.

CIGNA STANDARD PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none">• All current coverage approvals will end on December 31st.⁴• Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel or micro gel.	Pharmacy

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

Together, all the way.®



CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	APOKYN <i>(Parkinson's Disease)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: KYNMOBI. 	Pharmacy
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	ATRIPLA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: efavirenz/emtricitabine/tenofovir. 	Pharmacy
	BEOVU <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BROVANA <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: arformoterol nebulizer solution (generic BROVANA). 	Pharmacy
	bupropion XL 450mg tab <i>(Anxiety/Depression/Bipolar Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	BYDUREON <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	BYETTA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	CHENODAL (<i>Gastrointestinal/ Heartburn</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel (<i>Skin Conditions</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: clindamycin 1% gel (generic CLEOCIN T), dapsone 5% gel, topical erythromycin 2% gel. 	Pharmacy
	CRESTOR (<i>Cholesterol Medications</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: rosuvastatin. 	Pharmacy
	CUTAQUIG (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorphenir-amine 2mg/5ml (<i>Allergy/Nasal Sprays</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	dihydro-ergotamine 4mg/ml spray (<i>Pain Relief and Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: sumatriptan nasal spray. 	Pharmacy
	EDARBI (<i>Blood Pressure/ Heart Medications</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: generic ARBs (e.g. losartan, valsartan). 	Pharmacy
	EDARBYCLOR (<i>Blood Pressure/ Heart Medications</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: generic ARBs + HCTZ (e.g. losartan-HCTZ). 	Pharmacy
	efavirenz- emtricitabine- tenofovir 600/200/300 tab (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	emtricitabine 200mg capsule (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	EMTRIVA 200mg capsule (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: emtricitabine capsule. 	Pharmacy
	etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	fenoprofen 400mg (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	FORFIVO (Anxiety/Depression/Bipolar Disorder)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	GAMMAGARD liquid, GAMMAGARD S/D (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol propionate cream/ointment. 	Pharmacy
	HYQVIA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	INTELENCE (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: etravirine. 	Pharmacy

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	INVOKAMET, INVOKAMET XR <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	INVOKANA <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	JUXTAPID <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • This change doesn't affect customers currently using this medication. • Consider these covered options which are used to treat the same condition: REPATHA. 	Pharmacy
	KALETRA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: lopinavir/ritonavir tablet. 	Pharmacy
	ketoprofen 25mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	KEVEYIS <i>(Miscellaneous)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	kristalose 10gm, 20gm packet <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	lactulose 10gm packet <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	levalbuterol HFA <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: albuterol HFA. 	Pharmacy
	LUCENTIS <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	methylphenidate ER 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} • Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	MONOFERRIC <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	MULTAQ <i>(Blood Pressure/ Heart Medications)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • This change doesn't affect customers currently using this medication. • Consider these covered options which are used to treat the same condition: amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol AF. 	Pharmacy
	MYDAYIS <i>(Attention Deficit Hyperactivity Disorder)</i>	<ul style="list-style-type: none"> • Will need approval from Cigna before it can be covered⁶ <u>and</u> • Will move to a lower tier (preferred brand) on the Cigna Standard Prescription Drug List. 	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. • If approved, this medication will cost you less to fill. 	Pharmacy
	NALFON 400mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	NAPROSYN 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	naproxen 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	niacin 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NIACOR 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, methocarbamol, metaxalone, orphenadrine ER. 	Pharmacy

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	NULOJIX (Transplant Medications)	Will need approval from Cigna before it can be covered. ⁵	<ul style="list-style-type: none"> • For current customers, this change won't start until May 1, 2022. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	orphenadrine-aspirin-caffeine 50-770-60mg (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, methocarbamol, metaxalone, orphenadrine ER. 	Pharmacy
	ORPHENGESIC FORTE 50-770-60mg (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, methocarbamol, metaxalone, orphenadrine ER. 	Pharmacy
	oxiconazole 1% cream (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: econazole cream, ketoconazole cream, naftifine cream. 	Pharmacy
	OZEMPIC (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZOBAX 5mg/5ml solution (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: baclofen tablet. 	Pharmacy
	PANZYGA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	PERFOROMIST (Asthma/COPD/Respiratory)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: formoterol nebulizer solution (generic PERFOROMIST). 	Pharmacy
	RELEXXI 72mg (Attention Deficit Hyperactivity Disorder)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} • Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	REMODULIN (<i>Asthma/COPD/ Respiratory</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Standard Prescription Drug List.	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • This medication may cost you more to fill.⁵ • Consider these covered options which are used to treat the same condition: treprostinil. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS (<i>Diabetes</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml (<i>Allergy/Nasal Sprays</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	SANDOSTATIN LAR (<i>Hormonal Agents</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Standard Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy
	SEGLUROMET (<i>Diabetes</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SPIRIVA, SPIRIVA RESPIMAT (<i>Asthma/COPD/ Respiratory</i>)	Will move/moved to a lower tier (preferred brand) on the Cigna Standard Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you less to fill. 	Pharmacy
	STEGLATRO (<i>Diabetes</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	STIOLTO RESPIMAT (<i>Asthma/COPD/ Respiratory</i>)	Will move/moved to a lower tier (preferred brand) on the Cigna Standard Prescription Drug List.	<ul style="list-style-type: none"> • This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO (<i>AIDS/HIV</i>)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: efavirenz-lamivudine-tenofovir. 	Pharmacy

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

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	SYNTHROID (Hormonal Agents)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Consider these covered options which are used to treat the same condition: levothyroxine. 	Pharmacy
	TASIGNA (Cancer)	Will move to a higher tier (non-preferred brand) on the Cigna Standard Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these covered options which are used to treat the same condition: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC (Urinary Tract Conditions)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Standard Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: desoximetasone 0.05% cream/ointment, fluocinolone 0.025% ointment, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment, mometasone 0.1% cream. 	Pharmacy
	TRULICITY (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	UDENYCA (Blood Modifiers/ Bleeding Disorders)	Will move to a higher tier (non-preferred brand) on the Cigna Standard Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical
	VICTOZA (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	XEMBIFY (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical

CIGNA STANDARD PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	ZIEXTENZO (<i>Blood Modifiers/ Bleeding Disorders</i>)	Will move/moved to a lower tier (preferred brand) on the Cigna Standard Prescription Drug List.	• This medication may cost you less to fill.	Pharmacy
		Will be a preferred medication under the medical benefit.		Medical

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

CIGNA VALUE PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab (<i>Skin Conditions</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, tretinoin gel, micro gel. 	Pharmacy
	APOKYN (<i>Parkinson's Disease</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: KYNMOBI. 	Pharmacy
	ASCENIV (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	ATRIPLA (<i>AIDS/HIV</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: efavirenz/emtricitabine/tenofovir. 	Pharmacy
	BEOVU (<i>Eye Conditions</i>)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
BROVANA (<i>Asthma/COPD/ Respiratory</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: arformoterol nebulizer solution (generic BROVANA). 	Pharmacy	

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

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	bupropion XL 450mg tablet <i>(Anxiety/Depression/Bipolar Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	BYDUREON <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	BYETTA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CHENODAL <i>(Gastrointestinal/Heartburn)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: clindamycin 1% gel (generic CLEOCIN T), dapsone 5% gel, topical erythromycin 2% gel. 	Pharmacy
	CUTAQUIG <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorphen-iramine 2mg/5ml <i>(Allergy/Nasal Sprays)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	dihydroergo-tamine 4mg/ml spray <i>(Pain Relief and Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: sumatriptan nasal spray. 	Pharmacy
	efavirenz-emtricitabine-tenofovir 600/200/300 tab <i>(AIDS/HIV)</i>	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	emtricitabine 200mg capsule (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EMTRIVA 200mg capule (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: emtricitabine capsule. 	Pharmacy
	etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	fenoprofen 400mg (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	FORFIVO (Anxiety/Depression/Bipolar Disorder)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	GAMMAGARD liquid, GAMMAGARD S/D (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol cream/ointment. 	Pharmacy
	HYQVIA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	INTELENCE (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: etravirine. 	Pharmacy

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

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	JUXTAPID (<i>Cholesterol Medications</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • This change doesn't affect customers currently using this medication. • Consider these covered options which are used to treat the same condition: REPATHA. 	Pharmacy
	KALETRA (<i>AIDS/HIV</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: lopinavir/ritonavir tablet. 	Pharmacy
	ketoprofen 25mg capsule (<i>Pain Relief And Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	KEVEYIS (<i>Miscellaneous</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KRISTALOSE 10gm, 20gm packet (<i>Gastrointestinal/Heartburn</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	lactulose 10gm packet (<i>Gastrointestinal/Heartburn</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	levalbuterol HFA (<i>Asthma/COPD/Respiratory</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: albuterol HFA. 	Pharmacy
	LUCENTIS (<i>Eye Conditions</i>)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	methylphenidate ER 72mg (<i>Attention Deficit Hyperactivity Disorder</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} • Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	MONOFERRIC (<i>Nutritional/Dietary</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	MULTAQ (Blood Pressure/Heart Medications)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • This change doesn't affect customers currently using this medication. • Consider these covered options which are used to treat the same condition: amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol AF. 	Pharmacy
	NALFON 400mg capsule (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	NAPROSYN 125mg/5ml suspension (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	naproxen 125mg/5ml suspension (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	niacin 500mg (Cholesterol Medications)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NIACOR 500mg (Cholesterol Medications)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NORGESIC FORTE 50-770-60MG (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
	NULOJIX (Transplant Medications)	Will need approval from Cigna before it can be covered. ⁵	<ul style="list-style-type: none"> • For current customers, this change won't start until May 1, 2022. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	orphenadrine-aspirin-caffeine 50-770-60mg (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
	ORPHENGESIC FORTE 50-770-60mg (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	oxiconazole 1% cream (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: econazole cream, ketoconazole cream, naftifine cream. 	Pharmacy
	OZEMPIC (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZOBAX 5mg/5ml solution (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: baclofen tablet. 	Pharmacy
	PANZYGA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	PERFOROMIST (Asthma/COPD/Respiratory)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: formoterol nebulizer solution (generic PERFOROMIST). 	Pharmacy
	RELEXXI 72mg (Attention Deficit Hyperactivity Disorder)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	REMODULIN (Asthma/COPD/Respiratory)	Will move to a higher tier (non-preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ This medication may cost you more to fill.⁵ Consider these covered options which are used to treat the same condition: treprostinil. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml (Allergy/Nasal Sprays)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	SANDOSTATIN LAR <i>(Hormonal Agents)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy
	SEGLUROMET <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SPIRIVA, SPIRIVA RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	STEGLATRO <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	STIOLTO RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: efavirenz-lamivudine-tenofovir. 	Pharmacy
	SYNTHROID <i>(Hormonal Agents)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Consider these covered options which are used to treat the same condition: levothyroxine. 	Pharmacy
	TASIGNA <i>(Cancer)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC <i>(Urinary Tract Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: desoximetasone 0.05% cream/ointment, fluocinolone 0.025% ointment, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment, mometasone 0.1% cream. 	Pharmacy

CIGNA VALUE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	TRULICITY <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	UDENYCA <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical
	VICTOZA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	XEMBIFY <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	ZIEXTENZO <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you less to fill. 	Pharmacy
Will be a preferred medication under the medical benefit.			Medical	

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel, micro gel. 	Pharmacy
	APOKYN <i>(Parkinson's Disease)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: KYNMOBI. 	Pharmacy
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	ATRIPLA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: efavirenz/emtricitabine/tenofovir. 	Pharmacy
	BEOVU <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BROVANA <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: arformoterol nebulizer solution (generic BROVANA) 	Pharmacy
	bupropion XL 450mg tablet <i>(Anxiety/Depression/Bipolar Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	BYDUREON <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	BYETTA (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CHENODAL (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: clindamycin 1% gel (generic CLEOCIN T), dapson 5% gel, topical erythromycin 2% gel. 	Pharmacy
	CRESTOR (Cholesterol Medications)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: rosuvastatin. 	Pharmacy
	CUTAQUIG (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorpheniramine 2mg/5ml (Allergy/Nasal Sprays)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	dihydroergotamine 4mg/ml spray (Pain Relief and Inflammatory Disease)	Will no longer be covered bWill no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: sumatriptan nasal spray. 	Pharmacy
	EDARBI (Blood Pressure/ Heart Medications)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic ARBs (e.g. losartan; valsartan). 	Pharmacy
	EDARBYCLOR (Blood Pressure/ Heart Medications)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic ARBs + HCTZ (e.g. losartan-HCTZ). 	Pharmacy

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	efavirenz 600/200/300 tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	emtricitabine 200mg capsule (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EMTRIVA 200mg capsule (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: emtricitabine capsule. 	Pharmacy
	etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	fenoprofen 400mg (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	FORFIVO (Anxiety/Depression/Bipolar Disorder)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	GAMMAGARD liquid, GAMMAGARD S/D (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol propionate cream/ointment. 	Pharmacy
	HEPARIN 5,000 unit/ml syringe (Blood Thinners/Anti-Clotting)	Will move to a higher tier (non-preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HEPARIN 5,000 unit/ml carpuject. 	Pharmacy

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	HYQVIA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER (Nutritional/ Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	INTELENCE (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: etravirine. 	Pharmacy
	INVOKAMET, INVOKAMET XR (Diabetes)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	INVOKANA, INVOKANA XR (Diabetes)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	JUXTAPID (Cholesterol Medications)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Consider these covered options which are used to treat the same condition: REPATHA. 	Pharmacy
	KALETRA (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: lopinavir/ritonavir tablet. 	Pharmacy
	ketoprofen 25mg capsule (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	KEVEYIS (Miscellaneous)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KRISTALOSE 10gm, 20 gm packet (Gastrointestinal/ Heartburn)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	lactulose 10 gm packet (Gastrointestinal/ Heartburn)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	levalbuterol HFA (Asthma/COPD/ Respiratory)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: albuterol HFA. 	Pharmacy
	LUCENTIS (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	methylphenidate ER 72mg (Attention Deficit Hyperactivity Disorder)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	MONOFERRIC (Nutritional/ Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	MULTAQ (Blood Pressure/ Heart Medications)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Consider these covered options which are used to treat the same condition: amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol AF. 	Pharmacy
	MYDAYIS (Attention Deficit Hyperactivity Disorder)	<ul style="list-style-type: none"> Will need approval from Cigna before it can be covered⁶ <u>and</u> Will move to a lower tier (preferred brand) on the Cigna Performance Prescription Drug List. 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, this medication will cost you less to fill. 	Pharmacy
	NALFON 400mg capsule (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	NAPROSYN 125mg/5ml suspension (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	naproxen 125mg/5ml suspension (Pain Relief And Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	niacin 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NIACOR 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, methocarbamol, metaxalone, orphenadrine ER. 	Pharmacy
	NULOJIX 250mg vial <i>(Transplant Medications)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> For current customers, this change won't start until May 1, 2022. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	orphenadrine-aspirin-caffeine 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, methocarbamol, metaxalone, orphenadrine ER. 	Pharmacy
	ORPHENGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, methocarbamol, metaxalone, orphenadrine ER. 	Pharmacy
	oxiconazole 1% cream <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: econazole cream, ketoconazole cream, naftifine cream. 	Pharmacy
	OZEMPIC <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZOBAX 5mg/5ml solution <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: baclofen tablet. 	Pharmacy
	PANZYGA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	PERFOROMIST (Asthma/COPD/ Respiratory)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: formoterol fumarate nebulizer solution (generic PERFOROMIST). 	Pharmacy
	RELEXXI 72mg (Attention Deficit Hyperactivity Disorder)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	REMODULIN (Asthma/COPD/ Respiratory)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml (Allergy/Nasal Sprays)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	SANDOSTATIN LAR (Hormonal Agents)	Will move to a higher tier (non-preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy
	SEGLUROMET (Diabetes)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SINUVA (Allergy/Nasal Sprays)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Talk with your doctor about other alternatives. 	Pharmacy
	SPIRIVA, SPIRIVA RESPIMAT (Asthma/COPD/ Respiratory)	Will move/moved to a lower tier (preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	STEGLATRO (Diabetes)	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	STIOLTO RESPIMAT <i>(Asthma/COPD/ Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: efavirenz/lamivudine/tenofovir. 	Pharmacy
	SYNTHROID <i>(Hormonal Agents)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Consider these covered options which are used to treat the same condition: levothyroxine. 	Pharmacy
	TASIGNA <i>(Cancer)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these covered options which are used to treat the same condition: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC <i>(Urinary Tract Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Performance Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: desoximetasone 0.05% cream/ointment, fluocinolone 0.025% ointment, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment, mometasone 0.1% cream. 	Pharmacy
	TRULICITY <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	UDENYCA <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	VICTOZA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	XEMBIFY <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	ZIEXTENZO <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Performance Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you less to fill. 	Pharmacy
		Will be a preferred medication under the medical benefit.		Medical

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel or micro gel. 	Pharmacy
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	ATRIPLA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: efavirenz/emtricitabine/tenofovir. 	Pharmacy
	BEOVU <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BROVANA <i>(Asthma/COPD/ Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: arformoterol nebulizer solution (generic BROVANA). 	Pharmacy
	bupropion XL 450mg tablet <i>(Anxiety/ Depression/ Bipolar Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	BYDUREON <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	BYETTA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	CHENODAL (<i>Gastrointestinal/ Heartburn</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel (<i>Skin Conditions</i>)	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: clindamycin 1% gel (generic CLEOCIN T), dapsone 5% gel, topical erythromycin 2% gel. 	Pharmacy
	CUTAQUIG (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorpheniramine 2mg/5ml (<i>Allergy/Nasal Sprays</i>)	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	dihydroergotamine 4mg/ml spray (<i>Pain Relief and Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: sumatriptan nasal spray. 	Pharmacy
	efavirenz-emtricitabine-tenofovir 600/200/300 tab (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> • Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	emtricitabine 200mg capsule (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> • Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EMTRIVA 200mg capsule (<i>AIDS/HIV</i>)	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: emtricitabine capsule. 	Pharmacy
	etravirine 25mg, 100mg, 200mg tablet (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> • Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (<i>Eye Conditions</i>)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	fenoprofen 400mg <i>(Pain Relief and Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	FORFIVO <i>(Anxiety/Depression/Bipolar Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
	GAMMAGARD liquid, GAMMAGARD S/D <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol cream/ointment. 	Pharmacy
	HEPARIN 5,000 unit/ml syringe <i>(Blood Thinners/Anti-Clotting)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HEPARIN 5,000 unit/ml carpject. 	Pharmacy
	HYQVIA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	INTELENCE <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: etravirine. 	Pharmacy
	JUXTAPID <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Consider these covered options which are used to treat the same condition: REPATHA. 	Pharmacy
	KALETRA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: lopinavir/ritonavir tablet. 	Pharmacy

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	ketoprofen 25mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	KEVEYIS <i>(Miscellaneous)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KRISTALOSE 10gm, 20gm packet <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	lactulose 10gm packet <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	levalbuterol HFA <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: albuterol HFA. 	Pharmacy
	LUCENTIS <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	methylphenidate ER 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	MONOFERRIC <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	MULTAQ <i>(Blood Pressure/Heart Medications)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Consider these covered options which are used to treat the same condition: amiodarone, disopyramide, dofetilide, flecainide, propafenone. quinidine, sotalol AF. 	Pharmacy
	NALFON 400mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	NAPROSYN 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	naproxen 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	niacin 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NIACOR 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
	NULOJIX 250mg vial <i>(Transplant Medications)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • For current customers, this change won't start until May 1, 2022. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	orphenadrine-aspirin-caffeine 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
	ORPHENGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
	oxiconazole 1% cream <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: econazole cream, ketoconazole cream, naftifine cream. 	Pharmacy
	OZEMPIC <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	OZOBAX 5mg/5ml solution <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: baclofen tablet. 	Pharmacy
	PANZYGA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	PERFOROMIST <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: formoterol nebulizer solution (generic PERFOROMIST). 	Pharmacy
	RELEXXI 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	REMODULIN <i>(Asthma/COPD/Respiratory)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml <i>(Allergy/Nasal Sprays)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
	SANDOSTATIN LAR <i>(Hormonal Agents)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy
	SEGLUROMET <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SINUVA <i>(Allergy/Nasal Sprays)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Talk with your doctor about other alternatives. 	Pharmacy

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	SPIRIVA, SPIRIVA RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	STEGLATRO <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	STIOLTO RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: efavirenz/lamivudine/tenofovir. 	Pharmacy
	SYNTHROID <i>(Hormonal Agents)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Consider these covered options which are used to treat the same condition: levothyroxine. 	Pharmacy
	TASIGNA <i>(Cancer)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC <i>(Urinary Tract Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Advantage Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: desoximetasone 0.05% cream/ointment, fluocinolone 0.025% ointment, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment, mometasone 0.1% cream. 	Pharmacy
	TRULICITY <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	UDENYCA <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical
	VICTOZA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	XEMBIFY <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	ZIEXTENZO <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Advantage Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
Will be a preferred medication under the medical benefit.			Medical	

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

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab <i>(Skin Conditions)</i>	Will have a change to its coverage requirements - you will now have to try certain alternative medications before it can be covered.	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel, micro gel. 	Pharmacy
	ADMELOG <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	ADLYXIN <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	APIDRA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	APOKYN <i>(Parkinson's Disease)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: Kynmobi. 	Pharmacy
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BEOVU <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BROVANA <i>(Asthma/COPD/ Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	bupropion XL 450mg tablet <i>(Anxiety/ Depression/ Bipolar Disorder)</i>	<ul style="list-style-type: none"> • Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> • Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. • If approved, it may cost you more to fill. • Consider these options which are used to treat the same condition and may cost you less: bupropion XL 150mg tablet. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	BYDUREON (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	BYETTA (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CHENODAL (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel (Skin Conditions)	<ul style="list-style-type: none"> • Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> • Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. • If approved, it may cost you more to fill. • Consider these options which are used to treat the same condition and may cost you less: clindamycin 1% gel (generic CLEOCIN T), DAPSONE 5% gel, erythromycin 2% gel. 	Pharmacy
	CRESTOR (Cholesterol Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CUTAQUIG (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorpheniramine 2mg/5ml (Allergy/Nasal Sprays)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	dihydroergotamine 4mg/ml spray (Pain Relief and Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	EDARBI (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	EDARBYCLOR (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	efavirenz-emtricitabine-tenofovir 600/200/300 tab (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	emtricitabine 200mg capsule (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	fenoprofen 400mg (Pain Relief and Inflammatory Disease)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	FIASP (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	FORFIVO (Anxiety/Depression/Bipolar Disorder)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	GAMMAGARD liquid, GAMMAGARD S/D <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam <i>(Skin Conditions)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol propionate cream/ointment. 	Pharmacy
	HYQVIA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER <i>(Nutritional/ Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	INSULIN ASPART <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	INSULIN LISPRO <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	INVOKAMET, INVOKAMET XR <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	INVOKANA (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	JUXTAPID (Cholesterol Medications)	<ul style="list-style-type: none"> Will have a quantity limit.⁶ 	<ul style="list-style-type: none"> Your plan will only cover up to a certain amount of medication at one time. 	Pharmacy
	KALETRA (AIDS/HIV)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: lopinavir/ritonavir tablet. 	Pharmacy
	ketoprofen 25mg capsule (Pain Relief And Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KEVEYIS (Miscellaneous)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KRISTALOSE 10gm, 20 gm packet (Gastrointestinal/Heartburn)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	lactulose 10 gm packet (Gastrointestinal/Heartburn)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	levalbuterol HFA (Asthma/COPD/Respiratory)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: albuterol HFA. 	Pharmacy
	LEXETTE 0.05% foam (Skin Conditions)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

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

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	LUCENTIS (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	methylphenidate ER 72mg (Attention Deficit Hyperactivity Disorder)	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. 	Pharmacy
	MONOFERRIC (Nutritional/ Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	MULTAQ (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	MYDAYIS (Attention Deficit Hyperactivity Disorder)	Will move to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	NALFON 400mg capsule (Pain Relief And Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	NAPROSYN 125mg/5ml suspension (Pain Relief And Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	naproxen 125mg/5ml suspension (Pain Relief And Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	niacin 500mg (Cholesterol Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	NIACOR 500mg (Cholesterol Medications)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: niacin ER. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	NOVOLOG <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	NULOJIX <i>(Transplant Medications)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> For current customers, this change won't start until May 1, 2022. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	orphenadrine-aspirin-caffeine 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	ORPHENGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	oxiconazole 1% cream <i>(Skin Conditions)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZEMPIC <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZOBAX 5mg/5ml solution <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	PANZYGA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	PERFOROMIST <i>(Asthma/COPD/Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	RELEXXI 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	REMODULIN <i>(Asthma/COPD/Respiratory)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ This medication may cost you more to fill.⁵ Consider these covered options which are used to treat the same condition: treprostinil. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml <i>(Allergy/Nasal Sprays)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	SANDOSTATIN LAR <i>(Hormonal Agents)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy
	SEGLUROMET <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SPIRIVA, SPIRIVA RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	STEGLATRO <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: metformin, FARXIGA, JARDIANCE. 	Pharmacy

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

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	STIOLTO RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: efavirenz/lamivudine/tenofovir. 	Pharmacy
	SYNTHROID <i>(Hormonal Agents)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	TASIGNA <i>(Cancer)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC <i>(Urinary Tract Conditions)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray <i>(Skin Conditions)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	TRULICITY <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	UDENYCA <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁴ Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical
	VICTOZA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	XEMBIFY <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	XOPENEX HFA <i>(Asthma/COPD/ Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	ZIEXTENZO <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
		Will be a preferred medication under the medical benefit.		Medical

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

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab <i>(Skin Conditions)</i>	Will have a change to its coverage requirements - you will now have to try certain alternative medications before it can be covered.	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel, micro gel. 	Pharmacy
	ADMELOG <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	ADLYXIN <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	APIDRA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	APOKYN <i>(Parkinson's Disease)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: KYNMOBI. 	Pharmacy
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BEOVU <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BROVANA <i>(Asthma/COPD/ Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	bupropion XL 450mg tablet <i>(Anxiety/ Depression/ Bipolar Disorder)</i>	<ul style="list-style-type: none"> • Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> • Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. • If approved, it may cost you more to fill. • Consider these options which are used to treat the same condition and may cost you less: bupropion XL 150mg tablet. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	BYDUREON (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	BYETTA (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CHENODAL (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel (Skin Conditions)	<ul style="list-style-type: none"> • Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> • Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. • If approved, it may cost you more to fill. • Consider these options which are used to treat the same condition and may cost you less: clindamycin 1% gel (generic CLEOCIN T), dapsons 5% gel, topical erythromycin 2% gel. 	Pharmacy
	CRESTOR (Cholesterol Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CUTAQUIG (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorpheniramine 2mg/5ml (Allergy/Nasal Sprays)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	dihydroergotamine 4mg/ml spray (Pain Relief and Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	EDARBI (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	EDARBYCLOR (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	efavirenz-emtricitabine-tenofovir 600/200/300 tab (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	emtricitabine 200mg capsule (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	fenoprofen 400mg (Pain Relief and Inflammatory Disease)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List and Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	FIASP (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List and Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	FORFIVO (Anxiety/Depression/Bipolar Disorder)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	GAMMAGARD liquid, GAMMAGARD S/D <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam <i>(Skin Conditions)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol propionate cream/ointment. 	Pharmacy
	HEPARIN 5,000 unit/ml syringe <i>(Blood Thinners/ Anti-Clotting)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HEPARIN 5,000 unit/ml carpject. 	Pharmacy
	HYQVIA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER <i>(Nutritional/ Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	INSULIN ASPART <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	INSULIN LISPRO <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	INVOKAMET, INVOKAMET XR <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	INVOKANA <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	JUXTAPID <i>(Cholesterol Medications)</i>	<ul style="list-style-type: none"> Will have a quantity limit.⁶ 	<ul style="list-style-type: none"> Your plan will only cover up to a certain amount of medication at one time. 	Pharmacy
	KALETRA <i>(AIDS/HIV)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: lopinavir/ritonavir tablet. 	Pharmacy
	ketoprofen 25mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KEVEYIS <i>(Miscellaneous)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KRISTALOSE 10gm, 20gm packet <i>(Gastrointestinal/Heartburn)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	lactulose 10 gm packet <i>(Gastrointestinal/Heartburn)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	levalbuterol HFA (<i>Asthma/COPD/ Respiratory</i>)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: albuterol HFA. 	Pharmacy
	LEXETTE 0.05% foam (<i>Skin Conditions</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	LUCENTIS (<i>Eye Conditions</i>)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	methylphenidate ER 72mg (<i>Attention Deficit Hyperactivity Disorder</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. 	Pharmacy
	MONOFERRIC (<i>Nutritional/ Dietary</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	MULTAQ (<i>Blood Pressure/Heart Medications</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	MYDAYIS (<i>Attention Deficit Hyperactivity Disorder</i>)	Will move to a lower tier (preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	NALFON 400mg capsule (<i>Pain Relief And Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	NAPROSYN 125mg/5ml suspension (<i>Pain Relief And Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	naproxen 125mg/5ml suspension (<i>Pain Relief And Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	niacin 500mg <i>(Cholesterol Medications)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	NIACOR 500mg <i>(Cholesterol Medications)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: niacin ER. 	Pharmacy
	NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	NOVOLOG <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
	NULOJIX 250mg vial <i>(Transplant Medications)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> For current customers, this change won't start until May 1, 2022. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy/ Medical
	orphenadrine-aspirin-caffeine 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	ORPHENGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	oxiconazole 1% cream <i>(Skin Conditions)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZEMPIC <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	OZOBAX 5mg/5ml solution <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	PANZYGA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	PERFORMIST <i>(Asthma/COPD/Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RELEXXI 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	REMODULIN <i>(Asthma/COPD/Respiratory)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml <i>(Allergy/Nasal Sprays)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	SANDOSTATIN LAR <i>(Hormonal Agents)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy
	SEGLUROMET <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SPIRIVA, SPIRIVA RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	STEGLATRO <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	STIOLTO RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: efavirenz/lamivudine/tenofovir. 	Pharmacy
	SYNTHROID <i>(Hormonal Agents)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	TASIGNA <i>(Cancer)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC <i>(Urinary Tract Conditions)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray <i>(Skin Conditions)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	TRULICITY <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

CIGNA LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	UDENYCA <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical
	VICTOZA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	XEMBIFY <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	XOPENEX HFA <i>(Asthma/COPD/ Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	ZIEXTENZO <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Performance) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
Will be a preferred medication under the medical benefit.			Medical	

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

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	adapalene 0.1% swab <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel, micro gel. 	Pharmacy
	APOKYN <i>(Parkinson's Disease)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Total Savings Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you more to fill.⁵ • Consider these options which are used to treat the same condition and may cost you less: KYNMOBI. 	Pharmacy
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	ATRIPLA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: efavirenz/emtricitabine/tenofovir. 	Pharmacy
	BENLYSTA prefilled syringe, auto-injector <i>(Pain Relief and Inflammatory Disease)</i>	Will no longer be covered under the medical benefit (benefit exclusion).	This medication will only be covered under the Cigna pharmacy benefit.	Medical
	BEOVU <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BIVIGAM <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	BROVANA <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: arformoterol nebulizer solution (generic BROVANA). 	Pharmacy
	bupropion XL 450mg tablet <i>(Anxiety/Depression/Bipolar Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	BYDUREON (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	BYETTA (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	CHENODAL (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	clindamycin 1% gel (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: clindamycin 1% gel (generic CLEOCIN T), dapsone 5% gel, topical erythromycin 2% gel. 	Pharmacy
	COSENTYX (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: CIMZIA, ENBREL, STELARA, TALTZ, TREMFYA. 	Pharmacy
	CUTAQUIG (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	CUVITRU (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	dexchlorpheniramine 2mg/5ml (Allergy/Nasal Sprays)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine syrup, hydroxyzine syrup. 	Pharmacy
	dihydroergotamine 4mg/ml spray (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: sumatriptan nasal spray. 	Pharmacy
	efavirenz-entricitabine-tenofovir 600/200/300 tab (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> • Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy

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

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	emtricitabine 200mg capsule (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EMTRIVA 200mg capsule (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: emtricitabine capsule. 	Pharmacy
	etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	fenoprofen 400mg (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	GAMMAGARD liquid, GAMMAGARD S/D (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	halobetasol 0.05% foam (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol propionate cream/ointment. 	Pharmacy
	HYQVIA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	INJECTAFER (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	INTELENCE (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: etravirine. 	Pharmacy

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	JUXTAPID <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • This change doesn't affect customers currently using this medication. • Consider these covered options which are used to treat the same condition: REPATHA. 	Pharmacy
	KALETRA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: lopinavir/ritonavir tablet. 	Pharmacy
	ketoprofen 25mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	KEVEYIS <i>(Miscellaneous)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	KRISTALOSE 10gm, 20 gm packet <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	lactulose 10 gm packet <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
	levalbuterol HFA <i>(Asthma/COPD/Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: albuterol HFA. 	Pharmacy
	LUCENTIS <i>(Eye Conditions)</i>	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	methylphenidate ER 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
	MONOFERRIC <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	MULTAQ <i>(Blood Pressure/ Heart Medications)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • This change doesn't affect customers currently using this medication. • Consider these covered options which are used to treat the same condition: amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol AF. 	Pharmacy
	NALFON 400mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	NAPROSYN 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	naproxen 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
	niacin 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NIACOR 500mg <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
	NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxolone, methocarbamol, orphenadrine ER. 	Pharmacy
	NULOJIX <i>(Transplant Medications)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • For current customers, this change won't start until May 1, 2022. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	OLUMIANT <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • If you currently have approval for this medication to be covered, your plan will continue to cover it as long as your prescription doesn't change. However, starting January 1st, you'll pay your non-preferred brand cost-share to fill it. • Consider these covered options which are used to treat the same condition: ACTEMRA, CIMZIA, ENBREL. 	Pharmacy

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	orphenadrine- aspirin-caffeine 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxolone, methocarbamol, orphenadrine ER. 	Pharmacy
	ORPHENGESIC FORTE 50-770- 60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxolone, methocarbamol, orphenadrine ER. 	Pharmacy
	oxiconazole 1% cream <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: econazole cream, ketoconazole cream, naftifine cream. 	Pharmacy
	OZEMPIC <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁴⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st,⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	OZOBAX 5mg/5ml solution <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: baclofen tablet. 	Pharmacy
	PANZYGA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
	PERFOROMIST <i>(Asthma/COPD/ Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: formoterol nebulizer solution (generic PERFOROMIST). 	Pharmacy
	RELEXXI 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st,⁴ Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	REMODULIN <i>(Asthma/COPD/ Respiratory)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Total Savings Prescription Drug List.	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • This medication may cost you more to fill.⁵ • Consider these covered options which are used to treat the same condition: treprostinil. 	Pharmacy
		Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RYBELSUS <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • This change doesn't affect customers using this medication to treat Type 2 Diabetes. • All current coverage approvals will end on December 31st.⁴ • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	RYCLORA 2mg/5ml <i>(Allergy/Nasal Sprays)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine syrup, hydroxyzine syrup. 	Pharmacy
	SEGLUROMET <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
	SPIRIVA, SPIRIVA RESPIMAT <i>(Asthma/COPD/ Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Total Savings Prescription Drug List.	<ul style="list-style-type: none"> • This medication may cost you less to fill. 	Pharmacy
	STEGLATRO <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • All current coverage approvals will end on December 31st.⁴ • Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
	STIOLTO RESPIMAT <i>(Asthma/COPD/ Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Total Savings Prescription Drug List.	<ul style="list-style-type: none"> • This means it may cost you less to fill. 	Pharmacy
	SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> • Consider these covered options which are used to treat the same condition: efavirenz/lamivudine/tenofovir. 	Pharmacy

CIGNA TOTAL SAVINGS PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	TALTZ (Pain Relief and Inflammatory Disease)	<ul style="list-style-type: none"> Will move to a lower tier (preferred brand) on the Cigna Total Savings Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁶ 	<ul style="list-style-type: none"> If approved, it may cost you less to fill.⁵ 	Pharmacy
	TASIGNA (Cancer)	Will move to a higher tier (non-preferred brand) on the Cigna Total Savings Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: imatinib, SPRYCEL. 	Pharmacy
	THIOLA, THIOLA EC (Urinary Tract Conditions)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: tiopronin. 	Pharmacy
	triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: desoximetasone 0.05% cream/ointment, fluocinolone 0.025% ointment, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment, mometasone 0.1% cream. 	Pharmacy
	TRULICITY (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	VICTOZA (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
	VUMERITY (Multiple Sclerosis)	Will no longer be covered because it's being taken off the Cigna Total Savings Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: dimethyl fumarate. 	Pharmacy
	XEMBIFY (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
	XOLAIR prefilled syringe (Asthma/COPD/Respiratory)	Will no longer be covered under the medical benefit (benefit exclusion).	This medication will only be covered under the Cigna pharmacy benefit.	Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	ADDERALL XR <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: dextroamphetamine-amphetamine er. 	Pharmacy
	ALINIA <i>(Infections)</i>	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. Consider these covered options which are used to treat the same condition: nitazoxanide. 	Pharmacy
	ALPHAGAN P <i>(Eye Conditions)</i>	Will move to a higher tier (non-preferred brand) on the Cigna National Preferred Prescription Drug List.	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. This medication may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: brimonidine. 	Pharmacy
	ALREX <i>(Eye Conditions)</i>	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: azelastine, bepotastine, cromolyn sodium, dexamethasone, epinastine, fluorometholone, olopatadine. 	Pharmacy
	AMZEEQ <i>(Skin Conditions)</i>	Will move to a higher tier (non-preferred brand) on the Cigna National Preferred Prescription Drug List.	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. This medication may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: clindacin etz, clindamycin, erythromycin, clindamycin phosphate, clindamycin-benzoyl peroxide, erythromycin-benzoyl peroxide. 	Pharmacy
	ARANESP <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	ASCENIV <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN.	Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	AVSOLA (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	AZOPT (Eye Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: brinzolamide. 	Pharmacy
	BEOVU (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	BEPREVE (Eye Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: bepotastine. 	Pharmacy
	BERINERT (Blood Pressure/ Heart Medications)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	BIVIGAM (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMMUNEX-C, OCTAGAM, PRIVIGEN.	Medical
	BYNFEZIA (Hormonal Agents)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: octreotide. 	Pharmacy
	CABENUVA (AIDS/HIV)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	CABLIVI <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	CALQUENCE <i>(Cancer)</i>	Will be covered on the Cigna National Preferred Prescription Drug List as a preferred brand medication.	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • This medication may cost you less to fill. 	Pharmacy
	CINRYZE <i>(Blood Pressure/ Heart Medications)</i>	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	CIPRO HC <i>(Ear Medications)</i>	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: ciprofloxacin-dexamethasone. 	Pharmacy
	COMBIGAN <i>(Eye Conditions)</i>	Will move to a higher tier (non-preferred brand) on the Cigna National Preferred Prescription Drug List.	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • This medication may cost you more to fill. • Consider these options which are used to treat the same condition and may cost you less: brimonidine, timolol. 	Pharmacy
	CUTAQUIG <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA.	Medical
	CUVITRU <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA.	Medical
	DEXILANT <i>(Gastrointestinal/ Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole. 	Pharmacy
	DORYX, DORYX MPC <i>(Infections)</i>	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: doxycycline hyclate. 	Pharmacy

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	DUREZOL (Eye Conditions)	Will no longer be covered until you try at least one alternative medication first. ⁶	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. Consider these covered options which are used to treat the same condition: dexamethasone ophthalmic solution 0.1%, fluorometholone ophthalmic suspension 0.1%, prednisolone ophthalmic suspension 1%, loteprednol ophthalmic suspension 0.5%. 	Pharmacy
	ENHERTU (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	ENTYVIO (Gastrointestinal/ Heartburn)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	EPOGEN (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	EYLEA (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	FENSOLVI (Hormonal Agents)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	FERAHEME (Nutritional/ Dietary)	Will need approval from Cigna before it can be covered. ⁶	Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna.	Medical
	FIRMAGON (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	FML LIQUIFILM (Eye Conditions)	Will no longer be covered until you try at least one alternative medication first. ⁶	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: dexamethasone ophthalmic solution 0.1%, fluorometholone ophthalmic suspension 0.1%, prednisolone ophthalmic suspension 1%, loteprednol ophthalmic suspension 0.5%. 	Pharmacy
	GAMMAGARD liquid, GAMMAGARD S/D (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMMUNEX-C, OCTAGAM, PRIVIGEN.	Medical
	GRANIX (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	HYQVIA (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA.	Medical
	ILARIS (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	INFLECTRA (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	INJECTAFER (Nutritional/ Dietary)	Will need approval from Cigna before it can be covered. ⁶	Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna.	Medical
	INTRON A (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	INVELTYS (Eye Conditions)	<ul style="list-style-type: none"> Will no longer be covered <u>until you try</u> at least one alternative medication first⁶ <u>and</u> Is moving to a higher tier (non-preferred brand). 	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. Consider these covered options which are used to treat the same condition: dexamethasone ophthalmic solution 0.1%, fluorometholone ophthalmic suspension 0.1%, prednisolone ophthalmic suspension 1%, loteprednol ophthalmic suspension 0.5%. If Cigna approves coverage of this medication through its review process, it may cost you more to fill. 	Pharmacy
	INVOKAMET/XR (Diabetes)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: metformin/er, FORTAMET, GLUCOPHAGE/XR, GLUMETZA, RIOMET/ER, metformin oral solution, GLUCOVANCE, glyburide/metformin, glipizide/metformin, ACTOPLUS MET/XR, pioglitazone/metformin, repaglinide/metformin, KAZANO, alogliptin/metformin, JENTADUETO/XR, KOMBIGLYZE XR, JANUMET/XR. If Cigna approves coverage of this medication through its review process, it may cost you more to fill. 	Pharmacy
	INVOKANA (Diabetes)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: metformin/er, FORTAMET, GLUCOPHAGE/XR, GLUMETZA, RIOMET/ER, metformin oral solution, GLUCOVANCE, glyburide/metformin, glipizide/metformin, ACTOPLUS MET/XR, pioglitazone/metformin, repaglinide/metformin, KAZANO, alogliptin/metformin, JENTADUETO/XR, KOMBIGLYZE XR, JANUMET/XR. If Cigna approves coverage of this medication through its review process, it may cost you more to fill. 	Pharmacy
	KALBITOR (Blood Pressure/ Heart Medications)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	KERYDIN (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: tavaborole. 	Pharmacy
	LEUKINE (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	LEUPROLIDE ACETATE (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	LUCENTIS (Eye Conditions)	Will have a change to its coverage requirements.	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For this medication to be covered, your doctor will have to show that you've already tried AVASTIN (bevacizumab) and it didn't work for you. 	Medical
	LUPANETA PACK (Hormonal Agents)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	LUPRON DEPOT, LUPRON DEPOT-PED (Hormonal Agents)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	LOTEMAX ophthalmic gel 0.5%, ophthalmic ointment 0.5% (Eye Conditions)	<ul style="list-style-type: none"> • Will no longer be covered <u>until you try</u> at least one alternative medication first⁵ <u>and</u> • Is moving to a higher tier (non-preferred brand). 	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: dexamethasone ophthalmic solution 0.1%, fluorometholone ophthalmic suspension 0.1%, prednisolone ophthalmic suspension 1%, loteprednol ophthalmic suspension 0.5% 	Pharmacy

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	LOTEMAX SM (Eye Conditions)	<ul style="list-style-type: none"> Will no longer be covered <u>until you try</u> at least one alternative medication first⁶ <u>and</u> Is moving to a higher tier (non-preferred brand). 	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. Consider these covered options which are used to treat the same condition: dexamethasone ophthalmic solution 0.1%, fluorometholone ophthalmic suspension 0.1%, prednisolone ophthalmic suspension 1%, loteprednol ophthalmic suspension 0.5%. 	Pharmacy
	LUMIGAN (Eye Conditions)	Will move to a higher tier (non-preferred brand) on the Cigna National Preferred Prescription Drug List.	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. This medication may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: bimatoprost, latanoprost, travoprost. 	Pharmacy
	MIRCERA (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	MONOFERRIC (Nutritional/ Dietary)	Will need approval from Cigna before it can be covered. ⁶	Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna.	Medical
	NEULASTA ONPRO (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	NEUPOGEN (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	NIVESTYM (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	NULIBRY (Miscellaneous)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	NULOJIX (<i>Transplant Medications</i>)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> • For current customers, this change won't start until May 1, 2022. • Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
	NUVARING (<i>Contraception Products</i>)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: generic oral contraceptives, transdermal Xulane. 	Pharmacy
	NYVEPRIA (<i>Blood Modifiers/ Bleeding Disorders</i>)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • If Cigna re-approves coverage of this medication through its review process, it may cost you more to fill. • Consider these covered options which are used to treat the same condition and may cost you less: FULPHILA, NIVESTYM, ZARXIO, ZIEXTENZO. 	Pharmacy
	OCTREOTIDE ACETATE (<i>Hormonal Agents</i>)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	ONZETRA XSAIL (<i>Pain Relief and Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: sumatriptan nasal, ZOMIG NASAL. 	Pharmacy
	OPDIVO (<i>Cancer</i>)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	OTOVEL (<i>Ear Medications</i>)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: ciprofloxacin-dexamethasone. • If Cigna approves coverage of this medication through its review process, it may cost you more to fill. 	Pharmacy
	PANZYGA (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN.	Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	PHESGO (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	PROCRIT (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	RELPAK (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: eletriptan. 	Pharmacy
	REMICADE (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • Your plan will only cover this medication under the Cigna <u>medical</u> benefit if your doctor's office requests and receives approval (precertification) from Cigna. 	Pharmacy/ Medical
	REMODULIN (Asthma/COPD/ Respiratory)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on December 31st.⁴ • Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
	RETACRIT (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	RUCONEST (Blood Pressure/ Heart Medications)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	RYBREVAANT (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	SANDOSTATIN, SANDOSTATIN LAR DEPOT (Hormonal Agents)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	SIGNIFOR LAR (Hormonal Agents)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	SOMATULINE DEPOT (Hormonal Agents)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	SORILUX (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • All current coverage approvals will end on January 31, 2022.⁴ • Consider these covered options which are used to treat the same condition: calcipotriene, calcitriol. 	Pharmacy
	SYNTHROID (Hormonal Agents)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until March 1, 2022. • Consider these covered options which are used to treat the same condition: euthyrox, levo-t, levothyroxine, levoxyl, unithroid. 	Pharmacy
	TECFIDERA (Multiple Sclerosis)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • Consider these covered options which are used to treat the same condition: dimethyl fumarate. 	Pharmacy
	TOBRAMYCIN SULFATE (Infections)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> • This change won't affect current customers until their current coverage approval period ends.⁴ • For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	TRI-LUMA (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> • For current customers, this change won't start until February 1, 2022. • Consider these covered options which are used to treat the same condition: fluocinolone, hydroquinone, tretinoin. 	Pharmacy
	UDENYCA (Blood Modifiers/ Bleeding Disorders)	Will no longer be a preferred medication under the medical benefit.	Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO.	Medical

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	VIMOVO (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: naproxen-esomeprazole mag. 	Pharmacy
	YERVOY (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	ZARXIO (Blood Modifiers/ Bleeding Disorders)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none"> This change won't affect current customers until their current coverage approval period ends.⁴ For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit. 	Pharmacy/ Medical
	ZERVIATE (Eye Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: azelastine, bepotastine besilate, cromolyn sodium, epinastine, olopatadine. If Cigna approves coverage of this medication through its review process, it may cost you more to fill. 	Pharmacy
	ZIEXTENZO (Blood Modifiers/ Bleeding Disorders)	Will be a preferred medication under the medical benefit.		Medical
	ZILXI (Skin Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: azelaic acid, metronidazole, rosula, FINACEA FOAM. 	Pharmacy
	ZIOPTAN (Eye Conditions)	Will no longer be covered because it's being taken off the Cigna National Preferred Prescription Drug List. ³	<ul style="list-style-type: none"> For current customers, this change won't start until February 1, 2022. All current coverage approvals will end on January 31, 2022.⁴ Consider these covered options which are used to treat the same condition: bimatoprost, latanoprost, travoprost. If Cigna approves coverage of this medication through its review process, it may cost you more to fill. 	Pharmacy

CIGNA NATIONAL PRESCRIPTION DRUG LIST (cont)

DATE CHANGE STARTS	MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
January 1 st	ZOLADEX (Cancer)	Will no longer be covered under the Cigna <u>pharmacy</u> benefit (benefit exclusion).	<ul style="list-style-type: none">• This change won't affect current customers until their current coverage approval period ends.⁴• For current customers, Cigna has already approved coverage for this medication under the Cigna <u>medical</u> benefit.	Pharmacy/ Medical

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

Plan/Benefit Exclusions

The medications listed below will be excluded from coverage on the Cigna Prescription Drug List as of January 1, 2022. **These medications are not approved by the U.S. Food and Drug Administration (FDA).** Cigna plans only cover medications that are FDA-approved for safety and effectiveness.

MEDICATION NAME/ DRUG CLASS	MEDICATION NAME/ DRUG CLASS
ATOPICLAIR cream (Skin Conditions)	PROMISEB topical cream (Skin Conditions)
AVO cream topical emulsion (Skin Conditions)	PRUMYX cream (Skin Conditions)
B-12 compliance inj kit (Nutritional/Dietary)	PRUTECT topical emulsion (Skin Conditions)
balsam peru castor oil ointment (Skin Conditions)	QUTENZA 8% kit (1 patch, 2 patch) (Skin Conditions)
BENSAL HP 3% ointment (Skin Conditions)	RADIAPLEXRX gel (Skin Conditions)
BIAFINE emulsion (Skin Conditions)	RECEDO topical gel (Skin Conditions)
BIONECT 0.2% cream (Skin Conditions)	salicylic acid 26% liquid, 27.5% liquid, 6% cream, 6% cream kit, 6% foam, 6% gel, 6% lotion, 6% shampoo; salicylic acid ER 28.5% solution (Skin Conditions)
BP CLEANSING WASH (Skin Conditions)	SALIMEZ FORTE 10% cream (Skin Conditions)
CELACYN gel (Skin Conditions)	SALKERA 6% foam (Skin Conditions)
CEM-UREA 45% pre-filled applicator (Skin Conditions)	SALVAX 6% foam; SALVAX DUO PLUS combo pack (Skin Conditions)
DERMAZENE cream, cream packet (Skin Conditions)	silver nitrate 0.5% solution; silver nitrate applicator (Skin Conditions)
GORDON'S UREA 22% ointment (Skin Conditions)	sodium sulfacetamide-sulfur cleanser (Skin Conditions)
HALUCORT gel (Skin Conditions)	sonafine topical emulsion (Skin Conditions)
hydrocortisone-iodoquinol-aloe sachet (Skin Conditions)	UMECTA 40% mousse (Skin Conditions)
hydrocortisone-iodoquinol cream (Skin Conditions)	URAMAXIN 20% foam (Skin Conditions)
KERAFOAM 30%, 42% FOAM (Skin Conditions)	UREA 35% foam, 39% cream, 40% cream, 40% gel, 40% lotion, 41% cream, 45% cream, 45% nail gel, 47% cream, 50% cream, 50% nail stick (Skin Conditions)
KERALYT 6% gel, scalp complete kit (Skin Conditions)	URE-K 50% cream (Skin Conditions)
MIMYX (Skin Conditions)	VASHE WOUND THERAPY solution (Miscellaneous)
PAIN EASE medium stream spray (Pain Relief And Inflammatory Disease)	VENELEX ointment (Skin Conditions)
PHYSICIANS EZ USE B-12 kit (Nutritional/Dietary)	XUREA 39% cream (Skin Conditions)
PODOCON-25 liquid (Skin Conditions)	
PR cream kit (Skin Conditions)	

Changes to Cigna's Preventive Medication Program

The medications listed below will no longer be part of Cigna's Preventive Medication Program as of January 1, 2022. There are other medications available through the program that you can switch to. We've listed some below.

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE	DRUG LIST(S) AFFECTED
acetazolamide (<i>Diuretics</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
acetazolamide ER (<i>Diuretics</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
ADRENALIN (<i>Miscellaneous</i>)	This medication isn't covered under your pharmacy benefit. Please talk with your doctor about your covered options (e.g. epinephrine autoinjectors).	Standard, Value, Legacy (Standard) and Total Savings Prescription Drug Lists.
ADRENALIN (<i>Miscellaneous</i>)	epinephrine solution for injection	Performance, Advantage, and Legacy (Performance) Prescription Drug Lists.
albuterol (<i>Asthma/COPD/ Respiratory</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
ANTARA (<i>Cholesterol Medications</i>)	fenofibrate	Legacy (Standard) and Legacy Performance Prescription Drug Lists.
ATROVENT HFA (<i>Asthma/COPD/ Respiratory</i>)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
AVANDIA (<i>Diabetes</i>)	pioglitazone	All Cigna Prescription Drug Lists.
BINOSTO (<i>Osteoporosis Products</i>)	alendronate, ibandronate, risedronate, risedronate DR	All Cigna Prescription Drug Lists.
calcitonin salmon (<i>Osteoporosis Products</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
CARDURA XL (<i>Blood Pressure/ Heart Medications</i>)	doxazosin	All Cigna Prescription Drug Lists.
cilostazol (<i>Blood Thinners/ Anti-Clotting</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
COLESTID (<i>Cholesterol Medications</i>)	colestipol tablet, granules, or packet	All Cigna Prescription Drug Lists.
COMBIVENT RESPIMAT (<i>Asthma/COPD/ Respiratory</i>)	This medication is covered on Tier 2 (preferred brand).	Standard, Performance, Legacy (Standard), Legacy (Performance) Prescription Drug Lists.
COMBIVENT RESPIMAT (<i>Asthma/COPD/ Respiratory</i>)	This medication is covered on Tier 3 (non-preferred brand). Please talk with your doctor about lower-cost options.	Value, Advantage and Total Savings Prescription Drug Lists.
CONJUPRI (<i>Blood Pressure/ Heart Medications</i>)	amlodipine, felodipine ER, nicardipine, nifedipine	Legacy (Standard) and Legacy Performance Prescription Drug Lists.
cromolyn sodium nasal spray (<i>Allergy/Nasal Sprays</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
CYCLOSET (<i>Diabetes</i>)	This medication is covered on Tier 3 (non-preferred brand). Please talk with your doctor about lower-cost options.	All Cigna Prescription Drug Lists.

Changes to Cigna's Preventive Medication Program (cont)

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE	DRUG LIST(S) AFFECTED
DERMACINRX PRENATRIX (Nutritional/Dietary)	Any generic prenatal vitamin	Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
EDARBI (Blood Pressure/ Heart Medications)	Generic ARBs (e.g. losartan; valsartan)	Standard, Performance, Legacy (Standard), Legacy (Performance) Prescription Drug Lists.
EDARBYCLOR (Blood Pressure/ Heart Medications)	Generic ARBs + HCTZ (e.g. losartan-HCTZ)	Standard, Performance, Legacy (Standard), Legacy (Performance) Prescription Drug Lists.
ELIXOPHYLLIN (Asthma/COPD/ Respiratory)	theophylline oral solution, theophylline ER	All Cigna Prescription Drug Lists.
EVENITY 2 syringes (Osteoporosis Products)	alendronate, ibandronate, risedronate, raloxifene	Standard, Value, Legacy (Standard) and Total Savings Prescription Drug Lists.
EVENITY 2 syringes (Osteoporosis Products)	alendronate, BONIVA injection, ibandronate, risedronate, raloxifene, zoledronic acid	Performance, Advantage, and Legacy (Performance) Prescription Drug Lists.
FORTEO (Hormonal Agents)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
GLYXAMBI (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
HEMANGEOL (Blood Pressure/ Heart Medications)	propranolol	All Cigna Prescription Drug Lists.
INNOPRAN XL (Blood Pressure/ Heart Medications)	propranolol ER	All Cigna Prescription Drug Lists.
INVOKAMET (Diabetes)	SYNJARDY, SYNJARDY XR, XIGDUO XR	Standard, Performance, Legacy (Standard), Legacy (Performance) Prescription Drug Lists.
INVOKAMET XR (Diabetes)	SYNJARDY, SYNJARDY XR, XIGDUO XR	Standard, Performance, Legacy (Standard), Legacy (Performance) Prescription Drug Lists.
JANUMET (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists except Total Savings Prescription Drug List.
JANUMET XR (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists except Total Savings Prescription Drug List.
LIPOFEN (Cholesterol Medications)	fenofibrate	All Cigna Prescription Drug Lists.
LIVALO (Cholesterol Medications)	Generic statins (e.g. atorvastatin; simvastatin)	Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
methazolamide (Diuretics)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
phenoxybenzamine (Blood Pressure/ Heart Medications)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.

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

Changes to Cigna's Preventive Medication Program (cont)

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE	DRUG LIST(S) AFFECTED
PREGENNA (Nutritional/Dietary)	Any generic prenatal vitamin	Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
PROLIA (Osteoporosis Products)	alendronate, ibandronate, risedronate, raloxifene	Standard, Value, Legacy (Standard) and Total Savings Prescription Drug Lists.
PROLIA (Osteoporosis Products)	alendronate, BONIVA injection, ibandronate, risedronate, raloxifene, zoledronic acid	Performance, Advantage, and Legacy (Performance) Prescription Drug Lists.
QTERN (Diabetes)	This medication is covered on Tier 2 (preferred brand).	Standard, Performance, Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
SEGLUROMET (Diabetes)	SYNJARDY, SYNJARDY XR, XIGDUO XR	All Cigna Prescription Drug Lists.
SOLIQUA 100-33 (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
sotalol (Blood Pressure/ Heart Medications)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
SYMLINPEN 120 (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
SYMLINPEN 60 (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
SYNJARDY (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
SYNJARDY XR (Diabetes)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
TEKTURNA HCT (Blood Pressure/ Heart Medications)	This medication is covered on Tier 2 (preferred brand).	Standard, Performance, Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
terbutaline (Asthma/COPD/ Respiratory)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
THEO-24 (Asthma/COPD/ Respiratory)	theophylline ER	All Cigna Prescription Drug Lists.
theophylline (Asthma/COPD/ Respiratory)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
TRINAZ (Nutritional/Dietary)	Any generic prenatal vitamin	Standard, Performance, Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
TYMLOS (Osteoporosis Products)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
VASCEPA (Cholesterol Medications)	omega-3 ethyl esters	All Cigna Prescription Drug Lists.
XGEVA (Osteoporosis Products)	alendronate, ibandronate, risedronate, raloxifene	Standard, Value, Legacy (Standard) and Total Savings Prescription Drug Lists.

Changes to Cigna's Preventive Medication Program (cont)

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE	DRUG LIST(S) AFFECTED
XGEVA (<i>Osteoporosis Products</i>)	alendronate, BONIVA injection, ibandronate, risedronate, raloxifene, zoledronic acid	Performance, Advantage, and Legacy (Performance) Prescription Drug Lists.
XIGDUO XR (<i>Diabetes</i>)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
XOLAIR (<i>Asthma/COPD/ Respiratory</i>)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
XOPENEX HFA (<i>Asthma/COPD/ Respiratory</i>)	albuterol sulfate HFA	Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
XULTOPHY 100-3.6 (<i>Diabetes</i>)	This medication is covered on Tier 2 (preferred brand).	All Cigna Prescription Drug Lists.
YOSPRALA (<i>Blood Thinners/ Anti-Clotting</i>)	Aspirin or enteric aspirin is available over-the-counter.	Legacy (Standard) and Legacy (Performance) Prescription Drug Lists.
ZILEUTON ER (<i>Asthma/COPD/ Respiratory</i>)	This medication is covered on Tier 1 (generic).	All Cigna Prescription Drug Lists.
ZYFLO (<i>Asthma/COPD/ Respiratory</i>)	montelukast, zafirlukast, zileuton ER	All Cigna Prescription Drug Lists.

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



Questions?

- › **myCigna.com:** Click to Chat Monday–Friday, 9:00 am–8:00 pm EST.
- › **Phone:** Call the number on your Cigna ID card, 24/7/365.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. If your doctor feels an alternative isn't right for you, your doctor can ask Cigna to consider approving coverage of this medication.
4. If your doctor wants you to continue using this medication, ask his or her office to contact Cigna to start the coverage review process, or to appeal the denial of coverage. They know how the process works and will take care of everything for you.
5. If your plan covers this medication on Tier 4, your cost-share won't change.
6. **This change may not apply to your specific plan.** Log in to the myCigna® App or myCigna.com to see how your plan covers this medication.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

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 professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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