

# Medication Coverage Changes

for 2024

These are the changes Cigna Healthcare<sup>SM</sup> is making in 2024. Changes are listed by drug list name and state; medications are listed alphabetically by the type of change that's taking place. Use the chart below to find what page your drug list is on.

If you have Cigna Healthcare-administered benefits and you're affected by one of these changes, we'll send you a letter with specific information on next steps. You can also view the 2024 drug lists at [Cigna.com/ifp-drug-list](https://Cigna.com/ifp-drug-list).

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# Cigna Essential 4-Tier Prescription Drug List – for Utah

## Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDIHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDIHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

## Medications that will be covered on a higher tier as of January 1, 2024.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	fondaparinux sodium
alosetron hcl	imatinib mesylate
aminocaproic acid	leuprolide acetate
bexarotene capsule	metyrosine
capecitabine	penicillamine tablet
carglumic acid	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tobramycin sulfate inhalation

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

## Cigna Essential 4-Tier Prescription Drug List – for Utah (Cont.)

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
AUBAGIO 7MG & 14MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION
AUSTEDO 6MG, 9MG & 12MG TABLET	gefitinib 250mg tablet
BAFIERTAM DR 95MG CAPSULE	GILENYA 0.5MG CAPSULE
BRAFTOVI 75MG CAPSULE	GILOTRIF 20MG, 30MG & 40MG TABLET
CABOMETYX 20MG, 40MG & 60MG TABLET	HETLIOZ 20MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	IDHIFA 50MG & 100MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	INGREZZA 40MG, 60MG & 80MG CAPSULE
CLIMARA PRO PATCH	INLYTA 1MG & 5MG TABLET
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	INQOVI 35MG-100MG TABLET
COPIKTRA 15MG & 25MG CAPSULE	INREBIC 100MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET	IRESSA 250MG TABLET
COTELLIC 20MG TABLET	itraconazole 100mg capsule
dalfampridine er 10mg tablet	KISQALI 200MG, 400MG & 600MG DAILY DOSE
DAURISMO 25MG & 100MG TABLET	KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
dimethyl fumarate 30-day start pack	LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
dimethyl fumarate dr 120mg & 240mg capsule	LINZESS 72MCG, 145MCG & 290MCG CAPSULE
ERIVEDGE 150MG CAPSULE	LYRICA CR 82.5MG, 165MG & 330MG TABLET
ERLEADA 60MG TABLET	MAYZENT 0.25MG, 1MG & 2MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
EXKIVITY 40MG CAPSULE	NOXAFIL DR 100MG TABLET
fingolimod 0.5mg capsule	NUBEQA 300MG TABLET

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## Cigna Essential 4-Tier Prescription Drug List – for Utah (Cont.)

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOCCIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
ESBRIET <sup>4</sup>	pirfenidone

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## Cigna Essential 4-Tier Prescription Drug List – for Utah (Cont.)

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
sevelamer hcl	sevelamer carbonate
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

### Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDIHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDIHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

### Medications that will be covered on a higher tier as of January 1, 2024.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	INTELENCE (100 MG & 200 MG)
alosetron hcl	KALETRA TABS
aminocaproic acid	leuprolide acetate
bexarotene capsule	metyrosine
capecitabine	penicillamine tablet
carglumic acid	pyrimethamine
deferiprone	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tiopronin
fondaparinux sodium	tobramycin sulfate inhalation
imatinib mesylate	

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

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name
BYDUREON
BYETTA

Medication Name
TRULICITY
metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name
AMPYRA ER 10MG TABLET
AUBAGIO 7MG & 14MG TABLET
AUSTEDO 6MG, 9MG & 12MG TABLET
BAFIERTAM DR 95MG CAPSULE
BRAFTOVI 75MG CAPSULE
CABOMETYX 20MG, 40MG & 60MG TABLET
CALQUENCE 100MG CAPSULE & TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH
CLIMARA PRO PATCH
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
COPIKTRA 15MG & 25MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET
COTELLIC 20MG TABLET
dalfampridine er 10mg tablet
DAURISMO 25MG & 100MG TABLET
dimethyl fumarate 30-day start pack
dimethyl fumarate dr 120mg & 240mg capsule
ERIVEDGE 150MG CAPSULE
ERLEADA 60MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)
EXKIVITY 40MG CAPSULE
fingolimod 0.5mg capsule

Medication Name
FIRVANQ 25MG/ML & 50MG/ML SOLUTION
FYCOMPA 0.5MG/ML ORAL SUSPENSION
gefitinib 250mg tablet
GILENYA 0.5MG CAPSULE
GILOTRIF 20MG, 30MG & 40MG TABLET
HETLIOZ 20MG CAPSULE
IDHIFA 50MG & 100MG TABLET
INGREZZA 40MG, 60MG & 80MG CAPSULE
INLYTA 1MG & 5MG TABLET
INQOVI 35MG-100MG TABLET
INREBIC 100MG CAPSULE
IRESSA 250MG TABLET
itraconazole 100mg capsule
KISQALI 200MG, 400MG & 600MG DAILY DOSE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
LINZESS 72MCG, 145MCG & 290MCG CAPSULE
LYRICA CR 82.5MG, 165MG & 330MG TABLET
MAYZENT 0.25MG, 1MG & 2MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
NOXAFIL DR 100MG TABLET
NUBEQA 300MG TABLET

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

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

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOCCIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
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THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
DALIRESP	roflumilast

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



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

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
ESBRIET <sup>4</sup>	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREQ ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
IRESSA <sup>4</sup>	gefitinib
LATUDA <sup>4</sup>	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG <sup>4</sup>	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ <sup>4</sup>	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

**Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

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	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

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Medication Name	Medication Name
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aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

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

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

### Medications that will need approval before they can be covered as of January 1, 2024.

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Medication Name	Medication Name
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BYETTA	metyrosine 250mg capsule

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BAFIERTAM DR 95MG CAPSULE	GILENYA 0.5MG CAPSULE
BRAFTOVI 75MG CAPSULE	GILOTRIF 20MG, 30MG & 40MG TABLET
CABOMETYX 20MG, 40MG & 60MG TABLET	HETLIOZ 20MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	IDHIFA 50MG & 100MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	INGREZZA 40MG, 60MG & 80MG CAPSULE
CLIMARA PRO PATCH	INLYTA 1MG & 5MG TABLET
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	INQOVI 35MG-100MG TABLET
COPIKTRA 15MG & 25MG CAPSULE	INREBIC 100MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET	IRESSA 250MG TABLET
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estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
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### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOGIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
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RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
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TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
CETROTIDE 0.25 MG KIT <sup>6</sup>	cetrotorelix acetate
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine

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

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

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
DALIRESP	roflumilast
ESBRIET <sup>4</sup>	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREQ ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADB, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB- RYVK
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG <sup>4</sup>	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ <sup>4</sup>	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

**Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDIHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDIHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

**Medications that will be covered on a higher tier as of January 1, 2024.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

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

## Cigna Premiere 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (Cont.)

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
AUBAGIO 7MG & 14MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION
AUSTEDO 6MG, 9MG & 12MG TABLET	gefitinib 250MG tablet
BAFIERTAM DR 95MG CAPSULE	GILENYA 0.5MG CAPSULE
BRAFTOVI 75MG CAPSULE	GILOTRIF 20MG, 30MG & 40MG TABLET
CABOMETYX 20MG, 40MG & 60MG TABLET	HETLIOZ 20MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	IDHIFA 50MG & 100MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	INGREZZA 40MG, 60MG & 80MG CAPSULE
CLIMARA PRO PATCH	INLYTA 1MG & 5MG TABLET
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	INQOVI 35MG-100MG TABLET
COPIKTRA 15MG & 25MG CAPSULE	INREBIC 100MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET	IRESSA 250MG TABLET
COTELLIC 20MG TABLET	itraconazole 100mg capsule
dalfampridine er 10mg tablet	KISQALI 200MG, 400MG & 600MG DAILY DOSE
DAURISMO 25MG & 100MG TABLET	KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
dimethyl fumarate 30-day start pack	LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
dimethyl fumarate dr 120mg & 240mg capsule	LINZESS 72MCG, 145MCG & 290MCG CAPSULE
ERIVEDGE 150MG CAPSULE	LYRICA CR 82.5MG, 165MG & 330MG TABLET
ERLEADA 60MG TABLET	MAYZENT 0.25MG, 1MG & 2MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
EXKIVITY 40MG CAPSULE	NOXAFIL DR 100MG TABLET
fingolimod 0.5mg capsule	NUBEQA 300MG TABLET

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

## Cigna Premiere 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (Cont.)

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOCIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
DALIRESP	roflumilast

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



## Cigna Premiere 4-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
ESBRIET <sup>4</sup>	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREQ ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
HETLIOZ <sup>7</sup>	tasimelteon
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG <sup>4</sup>	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
tavaborole 5% soln	ciclopirox 8% soln
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ <sup>4</sup>	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

Medications that will no longer be covered under the pharmacy benefit.<sup>5</sup>

Medication Name	Medication Name
brimonidine gel	MIRVASO GEL

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

### Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDIHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDIHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

### Medications that will be covered on a higher tier as of January 1, 2024.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	fondaparinux sodium
alosetron hcl	imatinib mesylate
aminocaproic acid	leuprolide acetate
bexarotene capsule	metyrosine
capecitabine	penicillamine tablet
carglumic acid	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tobramycin sulfate inhalation

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

## Cigna Essential 5-Tier Prescription Drug List – for Colorado (Cont.)

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name
BYDUREON
BYETTA

Medication Name
TRULICITY
metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name
AMPYRA ER 10MG TABLET
AUBAGIO 7MG & 14MG TABLET
AUSTEDO 6MG, 9MG & 12MG TABLET
BAFIERTAM DR 95MG CAPSULE
BRAFTOVI 75MG CAPSULE
CABOMETYX 20MG, 40MG & 60MG TABLET
CALQUENCE 100MG CAPSULE & TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH
CLIMARA PRO PATCH
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
COPIKTRA 15MG & 25MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET
COTELLIC 20MG TABLET
dalfampridine er 10mg tablet
DAURISMO 25MG & 100MG TABLET
dimethyl fumarate 30-day start pack
dimethyl fumarate dr 120mg & 240mg capsule
ERIVEDGE 150MG CAPSULE
ERLEADA 60MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)
EXKIVITY 40MG CAPSULE
fingolimod 0.5mg capsule

Medication Name
FIRVANQ 25MG/ML & 50MG/ML SOLUTION
FYCOMPA 0.5MG/ML ORAL SUSPENSION
gefitinib 250MG tablet
GILENYA 0.5MG CAPSULE
GILOTRIF 20MG, 30MG & 40MG TABLET
HETLIOZ 20MG CAPSULE
IDHIFA 50MG & 100MG TABLET
INGREZZA 40MG, 60MG & 80MG CAPSULE
INLYTA 1MG & 5MG TABLET
INQOVI 35MG-100MG TABLET
INREBIC 100MG CAPSULE
IRESSA 250MG TABLET
itraconazole 100mg capsule
KISQALI 200MG, 400MG & 600MG DAILY DOSE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
LINZESS 72MCG, 145MCG & 290MCG CAPSULE
LYRICA CR 82.5MG, 165MG & 330MG TABLET
MAYZENT 0.25MG, 1MG & 2MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
NOXAFIL DR 100MG TABLET
NUBEQA 300MG TABLET

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

## Cigna Essential 5-Tier Prescription Drug List – for Colorado (Cont.)

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOGIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
ESBRIET <sup>4</sup>	pirfenidone

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

## Cigna Essential 5-Tier Prescription Drug List – for Colorado (Cont.)

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
sevelamer hcl	sevelamer carbonate
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

## Cigna Essential 5-Tier Prescription Drug List – for Utah

### Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDIHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDIHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

### Medications that will be covered on a higher tier as of January 1, 2024.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	fondaparinux sodium
alosetron hcl	imatinib mesylate
aminocaproic acid	leuprolide acetate
bexarotene capsule	metyrosine
capecitabine	penicillamine tablet
carglumic acid	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tobramycin sulfate inhalation

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

## Cigna Essential 5-Tier Prescription Drug List – for Utah (Cont.)

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
AUBAGIO 7MG & 14MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION
AUSTEDO 6MG, 9MG & 12MG TABLET	gefitinib 250MG tablet
BAFIERTAM DR 95MG CAPSULE	GILENYA 0.5MG CAPSULE
BRAFTOVI 75MG CAPSULE	GILOTRIF 20MG, 30MG & 40MG TABLET
CABOMETYX 20MG, 40MG & 60MG TABLET	HETLIOZ 20MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	IDHIFA 50MG & 100MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	INGREZZA 40MG, 60MG & 80MG CAPSULE
CLIMARA PRO PATCH	INLYTA 1MG & 5MG TABLET
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	INQOVI 35MG-100MG TABLET
COPIKTRA 15MG & 25MG CAPSULE	INREBIC 100MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET	IRESSA 250MG TABLET
COTELLIC 20MG TABLET	itraconazole 100mg capsule
dalfampridine er 10mg tablet	KISQALI 200MG, 400MG & 600MG DAILY DOSE
DAURISMO 25MG & 100MG TABLET	KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
dimethyl fumarate 30-day start pack	LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
dimethyl fumarate dr 120mg & 240mg capsule	LINZESS 72MCG, 145MCG & 290MCG CAPSULE
ERIVEDGE 150MG CAPSULE	LYRICA CR 82.5MG, 165MG & 330MG TABLET
ERLEADA 60MG TABLET	MAYZENT 0.25MG, 1MG & 2MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
EXKIVITY 40MG CAPSULE	NOXAFIL DR 100MG TABLET
fingolimod 0.5mg capsule	NUBEQA 300MG TABLET

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

## Cigna Essential 5-Tier Prescription Drug List – for Utah (Cont.)

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOGIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
ESBRIET <sup>4</sup>	pirfenidone

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



## Cigna Essential 5-Tier Prescription Drug List – for Utah (Cont.)

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
sevelamer hcl	sevelamer carbonate
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

## Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDIHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDIHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

## Medications that will be covered on a higher tier as of January 1, 2024.

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	INTELENCE (100 MG & 200 MG)
alosetron hcl	KALETRA TABS
aminocaproic acid	leuprolide acetate
bexarotene capsule	metyrosine
capecitabine	penicillamine tablet
carglumic acid	pyrimethamine
deferiprone	riluzole
enoxaparin sodium	sildenafil citrate
entecavir	temozolomide
etoposide	tiopronin
fondaparinux sodium	tobramycin sulfate inhalation
imatinib mesylate	

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

## Cigna Plus 5-Tier Prescription Drug List – for Florida (Cont.)

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name
BYDUREON
BYETTA

Medication Name
TRULICITY
metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name
AMPYRA ER 10MG TABLET
AUBAGIO 7MG & 14MG TABLET
AUSTEDO 6MG, 9MG & 12MG TABLET
BAFIERTAM DR 95MG CAPSULE
BRAFTOVI 75MG CAPSULE
CABOMETYX 20MG, 40MG & 60MG TABLET
CALQUENCE 100MG CAPSULE & TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH
CLIMARA PRO PATCH
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH
COPIKTRA 15MG & 25MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET
COTELLIC 20MG TABLET
dalfampridine er 10mg tablet
DAURISMO 25MG & 100MG TABLET
dimethyl fumarate 30-day start pack
dimethyl fumarate dr 120mg & 240mg capsule
ERIVEDGE 150MG CAPSULE
ERLEADA 60MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)
EXKIVITY 40MG CAPSULE
fingolimod 0.5mg capsule

Medication Name
FIRVANQ 25MG/ML & 50MG/ML SOLUTION
FYCOMPA 0.5MG/ML ORAL SUSPENSION
gefitinib 250MG tablet
GILENYA 0.5MG CAPSULE
GILOTRIF 20MG, 30MG & 40MG TABLET
HETLIOZ 20MG CAPSULE
IDHIFA 50MG & 100MG TABLET
INGREZZA 40MG, 60MG & 80MG CAPSULE
INLYTA 1MG & 5MG TABLET
INQOVI 35MG-100MG TABLET
INREBIC 100MG CAPSULE
IRESSA 250MG TABLET
itraconazole 100mg capsule
KISQALI 200MG, 400MG & 600MG DAILY DOSE
KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
LINZESS 72MCG, 145MCG & 290MCG CAPSULE
LYRICA CR 82.5MG, 165MG & 330MG TABLET
MAYZENT 0.25MG, 1MG & 2MG TABLET
MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
NOXAFIL DR 100MG TABLET
NUBEQA 300MG TABLET

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

## Cigna Plus 5-Tier Prescription Drug List – for Florida (Cont.)

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOGIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
DALIRESP	roflumilast

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

## Cigna Plus 5-Tier Prescription Drug List – for Florida (Cont.)

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
ESBRIET <sup>4</sup>	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREQ ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
IRESSA <sup>4</sup>	gefitinib
LATUDA <sup>4</sup>	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG <sup>4</sup>	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ <sup>4</sup>	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

**Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

**Medications that will be covered on a higher tier as of January 1, 2024.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

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

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

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
AUBAGIO 7MG & 14MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION
AUSTEDO 6MG, 9MG & 12MG TABLET	gefitinib 250MG tablet
BAFIERTAM DR 95MG CAPSULE	GILENYA 0.5MG CAPSULE
BRAFTOVI 75MG CAPSULE	GILOTRIF 20MG, 30MG & 40MG TABLET
CABOMETYX 20MG, 40MG & 60MG TABLET	HETLIOZ 20MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	IDHIFA 50MG & 100MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	INGREZZA 40MG, 60MG & 80MG CAPSULE
CLIMARA PRO PATCH	INLYTA 1MG & 5MG TABLET
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	INQOVI 35MG-100MG TABLET
COPIKTRA 15MG & 25MG CAPSULE	INREBIC 100MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET	IRESSA 250MG TABLET
COTELLIC 20MG TABLET	itraconazole 100mg capsule
dalfampridine er 10mg tablet	KISQALI 200MG, 400MG & 600MG DAILY DOSE
DAURISMO 25MG & 100MG TABLET	KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
dimethyl fumarate 30-day start pack	LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
dimethyl fumarate dr 120mg & 240mg capsule	LINZESS 72MCG, 145MCG & 290MCG CAPSULE
ERIVEDGE 150MG CAPSULE	LYRICA CR 82.5MG, 165MG & 330MG TABLET
ERLEADA 60MG TABLET	MAYZENT 0.25MG, 1MG & 2MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
EXKIVITY 40MG CAPSULE	NOXAFIL DR 100MG TABLET
fingolimod 0.5mg capsule	NUBEQA 300MG TABLET

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

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

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOCIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
CETROTIDE 0.25 MG KIT <sup>6</sup>	cetorelix acetate
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine

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



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

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
DALIRESP	roflumilast
ESBRIET <sup>4</sup>	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBIM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG <sup>4</sup>	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ <sup>4</sup>	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

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

**Medications that will be covered on a lower tier or be added to the drug list as of the date listed below.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on.

Date of change	Medication Name	Date of change	Medication Name
April 15, 2024	ALVESCO 80 MCG INHALER	April 15, 2024	KISQALI 400 MG DAILY DOSE
	ALVESCO 160 MCG INHALER		KISQALI 600 MG DAILY DOSE
	DULERA 50 MCG-5 MCG INHALER		QVAR REDHALER 40 MCG
	DULERA 100 MCG-5 MCG INHALER		QVAR REDHALER 80 MCG
	DULERA 200 MCG-5 MCG INHALER		TRELEGY ELLIPTA 100-62.5-25
	EMGALITY 120 MG/ML PEN		TRELEGY ELLIPTA 200-62.5-25
	EMGALITY 120 MG/ML SYRINGE	June 1, 2024	ADALIMUMAB-ADBIM
	EMGALITY 300 MG (100 MG X3SYR)		ADALIMUMAB-RYVK
	KISQALI 200 MG DAILY DOSE		SIMLANDI

**Medications that will be covered on a higher tier as of January 1, 2024.**

Review the 2024 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be other medications available that can be used to treat the same condition, but at a lower copay or coinsurance.

Medication Name	Medication Name
adefovir dipivoxil	imatinib mesylate
alosetron hcl	leuprolide acetate
aminocaproic acid	metyrosine
bexarotene capsule	penicillamine tablet
capecitabine	pyrimethamine
carglumic acid	riluzole
deferiprone	sildenafil citrate
enoxaparin sodium	temozolomide
entecavir	tiopronin
etoposide	tobramycin sulfate inhalation
fondaparinux sodium	

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

## Cigna Premiere 5-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (Cont.)

### Medications that will need approval before they can be covered as of January 1, 2024.

Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare.

Medication Name	Medication Name
BYDUREON	TRULICITY
BYETTA	metyrosine 250mg capsule

### Medications that will have a quantity limit as of January 1, 2024.

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

Medication Name	Medication Name
AMPYRA ER 10MG TABLET	FIRVANQ 25MG/ML & 50MG/ML SOLUTION
AUBAGIO 7MG & 14MG TABLET	FYCOMPA 0.5MG/ML ORAL SUSPENSION
AUSTEDO 6MG, 9MG & 12MG TABLET	gefitinib 250MG tablet
BAFIERTAM DR 95MG CAPSULE	GILENYA 0.5MG CAPSULE
BRAFTOVI 75MG CAPSULE	GILOTRIF 20MG, 30MG & 40MG TABLET
CABOMETYX 20MG, 40MG & 60MG TABLET	HETLIOZ 20MG CAPSULE
CALQUENCE 100MG CAPSULE & TABLET	IDHIFA 50MG & 100MG TABLET
CLIMARA 0.025MG/DAY, 0.0375 MG/DAY, 0.05MG/DAY, 0.06MG/DAY, 0.075MG/DAY & 0.1MG/DAY PATCH	INGREZZA 40MG, 60MG & 80MG CAPSULE
CLIMARA PRO PATCH	INLYTA 1MG & 5MG TABLET
COMBIPATCH 0.05-0.14MG & 0.05-0.25MG PATCH	INQOVI 35MG-100MG TABLET
COPIKTRA 15MG & 25MG CAPSULE	INREBIC 100MG CAPSULE
CORLANOR 5MG & 7.5MG TABLET	IRESSA 250MG TABLET
COTELLIC 20MG TABLET	itraconazole 100mg capsule
dalfampridine er 10mg tablet	KISQALI 200MG, 400MG & 600MG DAILY DOSE
DAURISMO 25MG & 100MG TABLET	KISQALI FEMARA 200MG, 400MG & 600MG CO-PACK
dimethyl fumarate 30-day start pack	LENVIMA 4MG, 8MG, 10MG, 12MG, 14MG, 18MG, 20MG & 24MG DAILY DOSE
dimethyl fumarate dr 120mg & 240mg capsule	LINZESS 72MCG, 145MCG & 290MCG CAPSULE
ERIVEDGE 150MG CAPSULE	LYRICA CR 82.5MG, 165MG & 330MG TABLET
ERLEADA 60MG TABLET	MAYZENT 0.25MG, 1MG & 2MG TABLET
estradiol 0.025mg, 0.0375mg, 0.05mg, 0.06mg, 0.075mg & 0.1mg patch (1/wk)	MAYZENT 0.25MG START-1MG & 0.25MG START-2MG MAINT
EXKIVITY 40MG CAPSULE	NOXAFIL DR 100MG TABLET
fingolimod 0.5mg capsule	NUBEQA 300MG TABLET

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

## Cigna Premiere 5-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (Cont.)

### Medications that will have a quantity limit as of January 1, 2024 (Cont.).

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

Medication Name	Medication Name
OCALIVA 5MG & 10MG TABLET	TRULANCE 3MG TABLET
ODOMZO 200MG CAPSULE	TUKYSA 50MG & 150MG TABLET
PONVORY 14-DAY START PACK	TURALIO 125MG & 200MG CAPSULE
PONVORY 20MG TABLET	VANCOCIN HCL 125MG & 250MG CAPSULE
posaconazole dr 100mg tablet	vancomycin 250mg/5ml & 25mg/ml solution
pregabalin er 82.5mg, 165mg & 330mg tablet	vancomycin hcl 125mg & 250mg capsule
ROZLYTREK 100MG & 200MG CAPSULE	VENCLEXTA 10MG, 50MG & 100MG TABLET
RYDAPT 25MG CAPSULE	VENCLEXTA START PACK
SCEMBLIX 40MG TABLET	VERZENIO 50MG, 100MG, 150MG & 200MG TABLET
SECUADO 3.8MG/24HR, 5.7MG/24HR & 7.6MG/24HR PATCH	VITRAKVI 25MG & 100MG CAPSULE
SPORANOX 100MG CAPSULE	VITRAKVI 20MG/ML SOLUTION
TAGRISSO 40MG & 80MG TABLET	VIZIMPRO 15MG, 30MG & 45MG TABLET
TASCENSO ODT 0.25MG & 0.5MG TABLET	VUMERITY DR 231MG CAPSULE
tasimelteon 20mg capsule	WELIREG 40MG TABLET
TECFIDERA DR 120MG & 240MG CAPSULE	XENAZINE 12.5MG & 25MG TABLET
TECFIDERA START PACK	XTANDI 40MG CAPSULE
teriflunomide 7mg & 14mg tablet	XTANDI 40MG & 80MG TABLET
tetrabenazine 12.5mg & 25mg tablet	ZELBORAF 240MG TABLET
THALOMID 50MG, 100MG, 150MG & 200MG CAPSULE	ZEPOSIA START PACK & CAPSULE

### Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup>

Medication Name	Generics and/or Preferred Brand Medications
ALDACTAZIDE 50-50	spironolactone/hctz 25-25, spironolactone plus hctz
AMJEVITA <sup>3</sup>	HUMIRA, CYLTEZO, HYRIMOZ, ADALIMUMAB-ADAZ, HADLIMA
BROMFED DM 2-30-10 MG/5ML	brompheniramine/pse/dm
CARBAGLU 200 MG TAB FOR SUSPENSION <sup>4</sup>	carglumic acid 200mg tab susp
COLCHICINE CAPSULES	colchicine tabs
CYSTADANE <sup>4</sup>	betaine
DALIRESP	roflumilast

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

## Cigna Premiere 5-Tier Prescription Drug List – for Arizona, Indiana, South Carolina and Virginia (Cont.)

Medications that will no longer be covered as of January 1, 2024 because they're being taken off the drug list – and their covered alternatives.<sup>2</sup> (Cont.)

Medication Name	Generics and/or Preferred Brand Medications
ESBRIET <sup>4</sup>	pirfenidone
FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK)	fluticasone-salmeterol (generic for ADVAIR DISKUS), WIXELA, BREO ELLIPTA
HADLIMA*	HUMIRA (by AbbVie), CYLTEZO, ADALIMUMAB-ADBM, HYRIMOZ, ADALIMUMAB-ADAZ (by Sandoz/Novartis), SIMLANDI, ADALIMUMAB-RYVK
HETLIOZ <sup>7</sup>	tasimelteon
INTELENCE (100 MG & 200 MG)	etravirine
IRESSA <sup>4</sup>	gefitinib
KALETRA TABS	lopinavir/ritonavir
LATUDA <sup>4</sup>	lurasidone hcl
NEUPRO	rotigotine patch
NEXAVAR <sup>4</sup>	sorafenib tosylate
NITRO-DUR 0.3MG/HR, 0.8MG/HR	nitroglycerin patches
NULEV 0.125 CHEW TAB	hyoscyamine 0.125mg odt
OMNITROPE <sup>4</sup>	GENOTROPIN, HUMATROPE
PENTASA 250 MG & 500 MG	mesalamine er 500mg cap
PRADAXA 75 MG & 150 MG <sup>4</sup>	dabigatran
RIDAURA	generic NSAIDs
sevelamer hcl	sevelamer carbonate
SKLICE	ivermectin
SUPREP	sodium, potassium, magnesium sulfates
TARGRETIN 1% GEL <sup>4</sup>	bexarotene
tavaborole 5% soln	ciclopirox 8% soln
TAYTULLA	norethindrone-e.estradiol-iron
TAZORAC GEL	tazarotene
TOVIAZ <sup>4</sup>	fesoterodine fumarate
VASCEPA 0.5 G CAPSULES <sup>4</sup>	icosapent ethyl
ZIEXTENZO <sup>3</sup>	NEULASTA, NYVEPRIA, UDENYCA

Medications that will no longer be covered under the pharmacy benefit.<sup>5</sup>

Medication Name	Medication Name
brimonidine gel	MIRVASO GEL

\*Starting June 1, 2024 for customers filling a prescription for the first time.

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

## Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell Specialty<sup>SM</sup> Drug List.<sup>2,8</sup> However, there are preferred medications available that are used to treat the same condition. They're listed below. If your doctor feels a preferred medication isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

Medication Name (not covered)	Preferred Medication(s)
ALYMSYS*	MVASI*, ZIRABEV*
ASCENIV*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
AVASTIN*	MVASI*, ZIRABEV*
BERINERT*	icatibant
BIVIGAM*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
CUVITRU*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
DDAVP	desmopressin acetate
ERWINASE	ASPARLAS, ONCASPAR
FULPHILA*	NEULASTA*, NYVEPRIA*, UDENYCA*
FYLNETRA*	NEULASTA*, NYVEPRIA*, UDENYCA*
GAMMAGARD LIQUID*, GAMMAGARD S/D*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3
GENVISC	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX	NIVESTYM, ZARXIO

Medication Name (not covered)	Preferred Medication(s)
HERCEPTIN*, HERCEPTIN HYLECTA*	KANJINTI*, TRAZIMERA*
HERZUMA*	KANJINTI*, TRAZIMERA*
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3
HYMOVIS	DUROLANE, EUFLEXXA, GELSYN-3
HYQVIA*	CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY*
INFUGEM	gemcitabine (generic GEMZAR)
KALBITOR*	icatibant
LEMTRADA*	AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS*
LEQVIO*	REPATHA
MAKENA*	hydroxyprogesterone caproate*
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3
NEUPOGEN	NIVESTYM, ZARXIO
ONTRUZANT*	KANJINTI*, OGIVRI*, TRAZIMERA*
ORENCIA IV*	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3
PANZYGA*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*

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

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

## Cigna Pathwell Specialty Drug List (Cont.)

Medication Name (not covered)	Preferred Medication(s)
RELEUKO	NIVESTYM, ZARXIO
REMICADE*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
RENFLEXIS*	AVSOLA*, INFLECTRA*
REVATIO	sildenafil
RITUXAN*, RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
RUCONEST*	icatibant
RYLAZE	ASPARLAS, ONCASPAR
SANDOSTATIN LAR DEPOT*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
SIGNIFOR LAR*	SOMATULINE DEPOT*
STIMUFEND*	NEULASTA*, NYVEPRIA*, UDENYCA*
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3

Medication Name (not covered)	Preferred Medication(s)
SYNOJOYNT	DUROLANE, EUFLEXXA, GELSYN-3
SYNVISC	DUROLANE, EUFLEXXA, GELSYN-3
TRILURON	DUROLANE, EUFLEXXA, GELSYN-3
TRIVISC	DUROLANE, EUFLEXXA, GELSYN-3
TYSABRI* (when used to treat Crohn's Disease)	AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, HUMIRA, INFLECTRA*
TYSABRI* (when used to treat Multiple Sclerosis)	AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
VYEPTI*	AIMOVIG, AJOVY, EMGALITY
ZIEXTENZO*	NEULASTA*, NYVEPRIA*, UDENYCA*

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

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



1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. We're letting you know now because we won't send you a reminder. It's up to you to remember that this change(s) will be taking place. To find out if these laws apply to you, please call customer service using the number on your Cigna Healthcare ID card.
  - **Connecticut, Louisiana, Nevada, New York and Texas:** Your plan may be required to continue covering your medication as it is now, until your new plan year starts. **Illinois:** If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna Healthcare is making a change to your medication on January 1<sup>st</sup> but your new plan year doesn't start until April 1<sup>st</sup>, the change(s) won't affect you until April 1<sup>st</sup>.
2. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval by January 1<sup>st</sup> and continue to fill/order this medication, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
3. **If you currently have approval from Cigna Healthcare for this medication to be covered, this change won't affect you until your current approval period ends.**
4. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31, 2024 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
5. There are certain medications and products that aren't covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For these medications, talk with your doctor about your options.
6. **This change only applies to customers in Illinois and North Carolina.** Customers in Georgia, Mississippi and Texas are not affected by this change.
7. **This change only applies to customers in Arizona.** Customers in Indiana, South Carolina and Virginia are not affected by this change.
8. Some states require out-of-network coverage. To find out if these state laws apply to your plan, please call customer service using the number on your Cigna Healthcare ID card.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).