CIGNA PHARMACY MANAGEMENT

Whether you are going on assignment, already in your new location, coming home to visit or have family members back home, you can take advantage of Cigna Pharmacy Management® program. We make it easy and convenient to fill your prescriptions before you leave and while you are on assignment. Below are some commonly asked questions regarding your prescription medications. If you have additional questions, feel free to call our service center at the phone number on your Cigna Global ID card. Our service team is available to help you 24 hours a day, seven days a week.

FREQUENTLY ASKED QUESTIONS

Receiving prescription medication outside the United States

Why do I need to think about my prescription medication before I leave on assignment?

You may find that certain countries have specific laws around you bringing medications into the country. These laws may include limits, exclusions of some medications and even restrictions on forms of medications, such as powders or liquids, which may not be allowed to enter the country. In your country of assignment, you may also find that certain medications are not available locally, dosages may differ and the level of safety and oversight of medications can vary. Simply put, you may not be able to receive the medication you need. If you have any questions or concerns about travel restrictions or the availability of a prescription medication, you can call us at the phone number on your Cigna Global ID card.

Are there steps I can take to receive assistance before I leave for assignment?

Yes, there are different steps to take depending on whether or not you have received a Cigna Global ID card.

Have you received your Cigna Global ID card?

If you have not received a Cigna Global ID card please follow these instructions.

1. Your employer can provide you with the login credentials
2. Visit CignaEnvoy.com
3. Click the '**Register**' button, then '**Don't Have a Cigna ID Card?**'

If you have received a Cigna Global ID card please follow these instructions.

1. Visit CignaEnvoy.com
2. If you have not registered for Cigna Envoy®, you will need to do so now using your Cigna Global ID number. Select '**Register**'
3. If you have already registered, use your ID number and password to log in. Select '**Login**' from the menu.
4. Logging in will bring you to the homepage.
5. Click on the '**Complete Health Assessment**' located under '**Health & Well-Being**' at the bottom of the page.

Is it possible to receive 12 months of prescriptions before I leave?

When possible, you may be able to take advantage of 12-month prescriptions before leaving the United States, through Express Scripts Home Delivery Pharmacy. Please be aware that due to state and federal laws, some controlled medications cannot be filled for more than one month at a time or may have other distribution limits. To learn if your prescriptions can be filled for

12 months and if there are any associated travel restrictions, please call our service center at the phone number on your Cigna Global ID card.

What do I do if I need a prescription filled when I am abroad?

If you receive a prescription from a local doctor while on assignment, you may be able to fill it locally. If you have any questions, please contact our service center at the phone number on your Cigna Global ID card. Our customer service team will help you identify available options. Please be aware that medications prescribed in foreign countries can only be filled in the country where the prescription is written. For example, if you have a medication that was prescribed by a doctor in China, it cannot legally be filled in the United States. Likewise, a prescription written in the United States cannot be filled in a pharmacy outside of the United States. We also encourage you, when possible, to plan visits with

your provider in the United States for any new prescriptions. Please fill prescriptions during your time in the United States, but if you have any questions or concerns about travel restrictions, you can call us at the phone number on your Cigna Global ID card.

Receiving medication when in the United States

Filling your prescription with Express Scripts Home Delivery Pharmacy

How can I receive my medication when I am in the United States?

Express Scripts Home Delivery Pharmacy is a convenient and easy way for you to receive your medication when in the United States. This service offers a number of advantages, including a three-month supply of medication at one time, as well as having it delivered directly to your home at no additional cost.

What are the benefits of Express Scripts Home Delivery Pharmacy?

Express Scripts Home Delivery Pharmacy is a convenient alternative to filling your prescriptions at the pharmacy. Not only does it save you time by skipping the lines in the store, but it may also save you money.

Can I use Express Scripts Home Delivery Pharmacy if I already have a prescription with another pharmacy?

Yes, if you already have a prescription with another pharmacy in the United States, you can transfer it to Express Scripts Home Delivery Pharmacy.

How long will it take to fill a new prescription?

For new orders, please allow five to seven business days after Express Scripts Home Delivery Pharmacy receives your request. Refills ship within two business days of receiving your request. You can have your prescriptions shipped to any address in the United States, Puerto Rico and U.S. Virgin Islands – home, work or any other alternative, including a P.O. box. Standard shipping of prescription medications is free of charge.

How can I place an order with Express Scripts Home Delivery Pharmacy?

Placing an order with Express Scripts Home Delivery Pharmacy is easy and convenient. If you have a mailing address in the United States or an APO address, you can request that Express Scripts Home Delivery Pharmacy contact the U.S.-based physician for a copy of the prescription.

To place an order yourself, please download an order form by logging in to CignaEnvoy.com. Select '**Mail Order Pharmacy**' under the '**Find Health Care**' tab. You can mail your prescription and order form to:

EXPRESS SCRIPTS PHARMACY
PO BOX 66302
ST LOUIS, MO 63166-6301

Filling your prescription with Express Scripts Home Delivery Pharmacy

Can I fill my prescriptions at any pharmacy in the United States?

Yes, if you can fill your prescription (written by a U.S. physician) at any U.S. pharmacy. However, you may pay more for your medication when filling your prescription at an out-of-network pharmacy. In the United States, you have access to more than 50,000 in-network pharmacies*.

What are the benefits of visiting an in-network pharmacy?

Customers enjoy substantial discounts on both covered brand and generic medications when filled at in-network pharmacies. When you visit one of these pharmacies, you will only be responsible to pay your copay, coinsurance, and/or deductible, if applicable and Cigna will also pay the pharmacy directly for our portion of a covered purchase, which eliminates the need to file a claim.

Will I need to pay for my prescription medication when I visit an in-network pharmacy?

When you visit one of these pharmacies, we will also pay the pharmacy directly for our portion of a covered purchase, which eliminates the need to file a claim. You are only responsible for paying the remaining balance (deductible, copay and/or coinsurance) based on your specific plan benefits.

Should I transfer my prescriptions to an in-network pharmacy if my current pharmacy is not part of the Cigna pharmacy network?

Yes, you are encouraged to transfer your prescriptions to an in-network pharmacy. This allows us to pay the pharmacy directly for covered purchases and helps you keep your out-of-pocket costs as low as possible.

To transfer your prescriptions to an in-network pharmacy, please contact the pharmacy directly.

Together, all the way.®

Cigna®

* Cigna national book of business analysis conducted Q2 2020. Subject to change.

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Individual and Family Plans

Cigna Health and Life Insurance Company,
Cigna HealthCare of Arizona, Inc.,
Cigna HealthCare of Georgia, Inc.,
Cigna HealthCare of Illinois, Inc.,
Cigna HealthCare of North Carolina, Inc.,
Cigna HealthCare of South Carolina, Inc. and
Cigna HealthCare of Texas, Inc.

EXPRESS SCRIPTS® PHARMACY

Our home delivery pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Express Scripts® Pharmacy, which is a Cigna company, is one of the country's largest home delivery pharmacies.

What are the benefits of using Express Scripts® Pharmacy?

Express Scripts® Pharmacy helps make it easy for you to get your medication. With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- Easily order, manage, track and pay for your medications **on your phone or online**
- Standard shipping **at no extra cost**[1]
- **Fill up to a 90-day supply** at one time[2]
- Helpful pharmacists **available 24/7**
- **Refill reminders**[3] so you don't miss a dose

Three easy ways to switch to home delivery

1. **Log in to the myCigna® App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)[4] electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy using one of these methods:

1. **Electronically:** For fastest service, they can send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
2. **By fax:** They can call 888.327.9791 to get a Fax Order Form.

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Use the myCigna® App or website. It's your "go-to" for everything you need to know about your plan's coverage.

- **Easily manage all of your prescriptions on the My Medications page.** Click on the Prescriptions tab and select My Medications from the dropdown menu.
  - View all of the prescriptions you've filled within the last 18 months.
  - Use the **myCigna App** to review your medications with your doctor during an office visit.
  - Move your prescription from a retail pharmacy to home delivery with the click of a button.
  - For home delivery fills: Refill your prescriptions, get real-time order status and tracking, pay your bill online, and more.
  - For retail pharmacy fills: View where and when you last filled your medications.
  - For specialty medications: Easily connect to your online Accredo account to manage orders.
- **See which medications your plan covers.** You have hundreds of generic, preferred brand, and non-preferred brand medications to choose from.
- **Use the Price a Medication tool to see how much your medication costs.** You can also see if there are lower-cost alternatives available.[5]
- **View your plan information.** See your pharmacy claim history, coverage details, and account balances.

Call 800.835.3784

Place an order

Talk to customer service about an order

Talk to a pharmacist about your medication

1. Standard shipping costs are included as part of your prescription plan.
2. Tier 5 medications are limited to a 30-day supply in all states except IL and NC, Tier 5 medications are allowed in a 90-day supply.
3. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
4. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

Plans contain exclusions and limitations and are not available in all areas. For costs and details of coverage, review your plan documents.

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Individual and Family Plans

Cigna Health and Life Insurance Company,
Cigna HealthCare of Arizona, Inc.,
Cigna HealthCare of Georgia, Inc.,
Cigna HealthCare of Illinois, Inc.,
Cigna HealthCare of North Carolina, Inc.,
Cigna HealthCare of South Carolina, Inc. and
Cigna HealthCare of Texas, Inc.

YOUR PHARMACY BENEFITS

Five things to remember.

1. Use the myCigna® App or myCigna.com.

24/7 access to all you need to know about your coverage.

- Manage, track, order and pay for your home delivery prescription orders online
- Find out how much your medication costs
- See which medications your plan covers
- Find an in-network pharmacy
- Ask a pharmacist a question
- See your pharmacy claims and coverage details

2. Compare your medication costs online.

Prescription prices can vary by pharmacy. Log in to the **myCigna App** or **myCigna.com** and click on "Price a Medication" to find out how much your medication may cost at the different retail pharmacies in your plan's network and through Express Scripts® Pharmacy, our home delivery pharmacy. You can also see if there are lower-cost alternatives available.[1]

3. Choose a generic and save money.

Generic medications work in the same way and provide the same clinical benefit as their brand-name versions. They have the same active ingredients, strength, dosage form, effectiveness, quality and safety – and they typically cost 85% less.[2] Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

4. Use Express Scripts® Pharmacy, our home delivery pharmacy.

- **Easily order, manage and track your medications** on your phone or online
- Standard shipping at no **extra cost**[3]
- Fill up to a **90-day supply** at one time[4]
- **Helpful pharmacists** available 24/7
- **Refill reminders** so you don't miss a dose

Log in to the **myCigna® App** or **myCigna.com** to easily move your prescription electronically from a retail pharmacy to Express Scripts® Pharmacy.

5. Use Accredo®, a Cigna specialty pharmacy, to help manage a complex medical condition.

Accredo's team of specialty-trained pharmacists and nurses can provide you with the personalized care and support you need to manage your therapy.

- Specialty-trained pharmacists and nurses **available 24/7**
- Easily manage and track your medications **on your phone or online**
- Fast shipping, **at no extra cost** – even for medications that need special handling[4]
- Refill certain prescriptions **by text**[5]
- Help with applying for third party **copay assistance** and other payment options

To get started using Accredo, call **877.826.7657**.

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1. Prices shown on myCigna.com are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna.com for more information.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers.
3. Standard shipping costs are included as part of your prescription plan.
4. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
5. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

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Individual & Family Plans

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Cigna HealthCare of Georgia, Inc.,
Cigna HealthCare of Illinois, Inc., and
Cigna HealthCare of North Carolina, Inc.

PRESCRIPTION DRUG LIST CHANGES

Starting January 1, 2023[1,2]

These are the medication coverage changes Cigna is making on January 1, 2023.[1,2] Changes are listed by drug list name, and 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-administered benefits and you're affected by one of these changes, we'll send you a letter with specific information on next steps.

Drug List Name	Page
Cigna Essential 5-Tier Prescription Drug List - for Colorado	2-7
Cigna Essential 5-Tier Prescription Drug List - for Utah	8-12
Cigna Plus 5-Tier Prescription Drug List - for Florida	13-18
Cigna Plus 5-Tier Prescription Drug List - for Georgia, Illinois, Kansas, Missouri, Mississippi, North Carolina, Pennsylvania, and Tennessee	19-24

Drug List Name	Page
Cigna Premiere 5-Tier Prescription Drug List - for Arizona and Virginia	25-30
Cigna Pathwell Specialty℠ Drug List	31-32

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CIGNA ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST - FOR COLORADO

Date of Change	Medications Moving to a Higher Tier	Tier Covered on	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	imipramine pamoate capsule	3	imipramine tablet
	QUAZEPAM 15 MG TABLET	4	estazolam, lorazepam

Date of Change	Medications Moving to a Higher Tier
Review the 2023 drug list on **Cigna.com**, the **myCigna** App, or **myCigna.com** to see what tier the medication will be covered on. There may be other medications on this drug list that are used to treat the same condition, but at a lower copay or coinsurance.	
January 1st	acyclovir cap/tablet alendronate tablet allopurinol tablet amitriptyline tablet amox-clav tablet amoxicillin capsule; tablet chew; tablet, suspension atenolol tablet azithromycin tablet bal-care dha combo pack benazepril tablet bisoprolol-hctz tablet buspirone tablet carvedilol tablet cephalexin capsule chlorpropamide tablet chlorthalidone tablet ciprofloxacin tablet citalopram tablet clonidine tablet clopidogrel tablet c-nate dha softgel complete natal dha completenate tablet chew cyclobenzaprine tablet diltiazem tablet doxycycline hyclate capsule/tablet doxycycline mono capsule/tablet elite-ob caplet enalapril tablet enalapril-hctz tablet ergoloid mesylates tablet estradiol tablet euthyrox tablet famotidine tablet fluoxetine capsule folic acid 1 mg tablet folivane-ob capsule fosinopril tablet furosemide solution furosemide tablet glimepiride tablet glipizide tablet glyburide tablet glyburide micro tablet hemenatal ob + dha combo pack hydralazine tablet

Date of Change	Medications Moving to a Higher Tier
Review the 2023 drug list on **Cigna.com**, the **myCigna** App, or **myCigna.com** to see what tier the medication will be covered on. There may be other medications on this drug list that are used to treat the same condition, but at a lower copay or coinsurance.	
January 1st	hydrochlorothiazide capsule/tablet hydrocortisone cream ibu tablet ibuprofen tablet indapamide tablet irbesartan tablet irbesartan-hctz tablet isoniazid tablet isosorbide tablet isosorbide er tablet jantoven tablet levo-t tablet levothyroxine tablet levoxyl tablet lisinopril tablet lisinopril-hctz tablet lithium carbonate capsule/tablet losartan tablet losartan-hctz tablet lovastatin tablet medroxyprogesterone tab meloxicam tablet metformin tablet metoclopramide tablet metoprolol tablet microgestin 24 fe minocycline capsule/tablet m-natal plus tablet mondoxyne nl capsule morgidox capsule mynatal capsule mynatal plus captab mynatal ultracaplet mynatal-z captab naltrexone tablet naproxen kit/tablet nature-throid tablet newgen tablet nitrofurantoin capsule nitrofurantoin mono-mcr NIVA-PLUS TABLET nortriptyline capsule np thyroid tablet obstetrix dha combo pak OBSTETRIX ONE SOFTGEL ONETOUCH SOLUTIONS STARTER KIT ONETOUCH ULTRA2 GLUCOSE SYST

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)*

Date of Change	Medications Moving to a Higher Tier
Review the 2023 drug list on **Cigna.com**, the **myCigna** App, or **myCigna.com** to see what tier the medication will be covered on. There may be other medications on this drug list that are used to treat the same condition, but at a lower copay or coinsurance.	
January 1st	ONETOUCH ULTRA/VERIO METER oxybutynin tablet paroxetine tablet pnv 29-1 tablet pnv ob+dha combo pack pnv prenatal plus multivit tab pnv-dha + docusate softgel pnv-dha softgel pnv-omega softgel pnv-select tablet pnv-vp-u capsule pr natal combo pack pr natal ec combo pack prena1 true combo pack prenaissance capsule prenaissance plus softgel prenatal 19 chewable tablet PRENATAL 19 CHEWABLE TABLET prenatal 19 tablet PRENATAL 19 TABLET prenatal plus iron tablet PRENATAL PLUS-DHA COMBO PACK prenatal vitamin plus low iron prenatal-u capsule preplus ca-fe 27 mg-fa 1 mg tb pretab 29 mg-1 mg tablet quinapril tablet quinapril-hctz tablet ramipril capsule ranitidine capsule/tablet risperidone tablet R-NATAL OB SOFTGEL

Date of Change	Medications Moving to a Higher Tier
Review the 2023 drug list on **Cigna.com**, the **myCigna** App, or **myCigna.com** to see what tier the medication will be covered on. There may be other medications on this drug list that are used to treat the same condition, but at a lower copay or coinsurance.	
January 1st	se-natal 19 chew tablet/tablet sertraline tablet simvastatin tablet sulfamethoxazole-tmp tablet taron-c dha capsule taron-prex prenatal dha cap terazosin capsule terbinafine tablet thrivite 19 tablet trandolapril tablet trazodone triamterene-hctz tablet trihexyphenidyl tablet trinatal rx 1 tablet trust natal dha unithroid tablet vinate one tablet virt-c dha softgel virt-nate dha softgel virt-nate tablet virt-pn dha softgel virt-pn plus softgel virt-pn tablet VITAFOL-OB CAPLET VP-HEME OB TABLET VP-HEME ONE SOFTGEL warfarin tablet westab plus tablet westhroid tablet zatean-pn dha capsule zatean-pn plus softgel

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	albendazole tablet aminocaproic acid butorphanol nasal spray cinacalcet hcl tablet CYSTADANE CYSTAGON GLEOSTINE hydromorphone hcl er tablet ivermectin tablet morphine sulfate er capsule morphine sulfate er tablet nitazoxanide tablet

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	oxymorphone hcl er tablet QUAZEPAM 15 MG TABLET rufinamide suspension & tablet SANTYL OINTMENT SYNAREL NASAL SPRAY TABLOID TABLET TARGRETIN GEL tolvaptan 15mg, 30mg tablet tramadol er vigabatrin powder packet & tablet XIFAXAN 550MG TABLET XTAMPZA ER CAPSULE

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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER AFINITOR 10 MG TABLET AFINITOR 2.5 MG TABLET AFINITOR 5 MG TABLET AFINITOR 7.5 MG TABLET AFINITOR DISPERZ 2 MG TABLET AFINITOR DISPERZ 3 MG TABLET AFINITOR DISPERZ 5 MG TABLET AIRDUO DIGIHALER 113-14 MCG AIRDUO DIGIHALER 232-14 MCG AIRDUO DIGIHALER 55-14 MCG AIRDUO RESPICLICK 113-14 MCG AIRDUO RESPICLICK 232-14 MCG AIRDUO RESPICLICK 55-14 MCG ALECENSA 150 MG CAPSULE ALUNBRIG 180 MG TABLET ALUNBRIG 30 MG TABLET ALUNBRIG 90 MG TABLET ALUNBRIG 90 MG-180 MG TAB PACK amphetamine sulfate 10 mg tab amphetamine sulfate 5 mg tab ANORO ELLIPTA 62.5-25 MCG INH APOKYN arformoterol 15 mcg/2 ml soln ASMANEX HFA 100 MCG INHALER ASMANEX HFA 200 MCG INHALER ASMANEX HFA 50 MCG INHALER ASMANEX TWISTHALER 110 MCG #30 ASMANEX TWISTHALER 220 MCG #30 ASMANEX TWISTHALER 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120 atomoxetine hcl 10 mg capsule atomoxetine hcl 100 mg capsule atomoxetine hcl 18 mg capsule atomoxetine hcl 25 mg capsule atomoxetine hcl 40 mg capsule atomoxetine hcl 60 mg capsule atomoxetine hcl 80 mg capsule ATROVENT 17 MCG HFA INHALER BEVESPI AEROSPHERE INHALER BIKTARVY 30-120-15 MG TABLET BIKTARVY 50-200-25 MG TABLET BOSULIF 100 MG TABLET BOSULIF 400 MG TABLET BOSULIF 500 MG TABLET BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH BREZTRI AEROSPHERE INHALER budesonide 0.25 mg/2 ml susp budesonide 0.5 mg/2 ml susp budesonide 1 mg/2 ml inh susp

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	CAPRELSA 100 MG TABLET CAPRELSA 300 MG TABLET COMBIVENT RESPIMAT 20-100 MCG COMETRIQ 100 MG DAILY-DOSE PK COMETRIQ 140 MG DAILY-DOSE PK COMETRIQ 60 MG DAILY-DOSE PACK COMPLERA TABLET DELSTRIGO 100-300-300 MG TAB dexmethylphenidate 10 mg tab dexmethylphenidate 2.5 mg tab dexmethylphenidate 5 mg tab dextroamp-amphetam 12.5 mg tab dextroamp-amphetam 7.5 mg tab dextroamp-amphetamin 10 mg tab dextroamp-amphetamin 15 mg tab dextroamp-amphetamin 20 mg tab dextroamp-amphetamin 30 mg tab dextroamp-amphetamine 5 mg tab dextroamphetamine 10 mg tab dextroamphetamine 5 mg tab dextroamphetamine 5 mg/5 ml DOVATO 50-300 MG TABLET DUAKLIR PRESSAIR 400-12MCG INH DULERA 100 MCG-5 MCG INHALER DULERA 200 MCG/5 MCG INHALER DULERA 50 MCG-5 MCG INHALER efavir-emtri-tenof 600-200-300 efavir-lamiv-tenof 400-300-300 efavir-lamiv-tenof 600-300-300 ENTRESTO 24 MG-26 MG TABLET ENTRESTO 49 MG-51 MG TABLET ENTRESTO 97 MG-103 MG TABLET EPCLUSA 150-37.5 MG PELLET PKT EPCLUSA 400 MG-100 MG TABLET FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 50 MCG DISKUS FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT HFA 44 MCG INHALER fluticasone-salmeterol 113-14 mcg fluticasone-salmeterol 232-14 mcg fluticasone-salmeterol 55-14 mcg GENVOYA TABLET guanfacine hcl er 1 mg tablet guanfacine hcl er 2 mg tablet guanfacine hcl er 3 mg tablet guanfacine hcl er 4 mg tablet HARVONI 45-200 MG TABLET HARVONI 90-400 MG TABLET IBRANCE 100 MG CAPSULE IBRANCE 100 MG TABLET IBRANCE 125 MG CAPSULE

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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	IBRANCE 125 MG TABLET IBRANCE 75 MG CAPSULE IBRANCE 75 MG TABLET ICLUSIG 10 MG TABLET ICLUSIG 15 MG TABLET ICLUSIG 30 MG TABLET ICLUSIG 45 MG TABLET imatinib mesylate 100 mg tab imatinib mesylate 400 mg tab IMBRUVICA 140 MG CAPSULE IMBRUVICA 140 MG TABLET IMBRUVICA 280 MG TABLET IMBRUVICA 420 MG TABLET IMBRUVICA 560 MG TABLET IMBRUVICA 70 MG CAPSULE INBRIJA INTRAROSA JAKAFI 10 MG TABLET JAKAFI 15 MG TABLET JAKAFI 20 MG TABLET JAKAFI 25 MG TABLET JAKAFI 5 MG TABLET JULUCA 50-25 MG TABLET KYNMOBI lapatinib 250 mg tablet LONHALA MAGNAIR 25 MCG REFILL LORBRENA 100 MG TABLET LORBRENA 25 MG TABLET LYNPARZA 100 MG TABLET LYNPARZA 150 MG TABLET MAVYRET 100-40 MG TABLET MAVYRET 50-20 MG PELLET PACKET MEKINIST 0.5 MG TABLET MEKINIST 2 MG TABLET MEKTOVI 15 MG TABLET methamphetamine 5 mg tablet methylphenidate 10 mg chew tab methylphenidate 10 mg tablet methylphenidate 10 mg/5 ml sol methylphenidate 2.5 mg chew tb methylphenidate 20 mg tablet methylphenidate 5 mg chew tab methylphenidate 5 mg tablet methylphenidate 5 mg/5 ml soln NEXAVAR 200 MG TABLET NINLARO 2.3 MG CAPSULE NINLARO 3 MG CAPSULE NINLARO 4 MG CAPSULE ODEFSEY TABLET OSPHENA PEMAZYRE 13.5 MG TABLET PEMAZYRE 4.5 MG TABLET PEMAZYRE 9 MG TABLET penicillamine 250 mg capsule

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	penicillamine 250 mg tablet POMALYST 1 MG CAPSULE POMALYST 2 MG CAPSULE POMALYST 3 MG CAPSULE POMALYST 4 MG CAPSULE PROAIR DIGIHALER 90 MCG INHALR PROAIR RESPICLICK 90 MCG INHLR RETEVMO 40 MG CAPSULE RETEVMO 80 MG CAPSULE REVLIMID 10 MG CAPSULE REVLIMID 15 MG CAPSULE REVLIMID 2.5 MG CAPSULE REVLIMID 20 MG CAPSULE REVLIMID 25 MG CAPSULE REVLIMID 5 MG CAPSULE RUBRACA 200 MG TABLET RUBRACA 250 MG TABLET RUBRACA 300 MG TABLET SEREVENT DISKUS 50 MCG SHINGRIX SOVALDI 200 MG TABLET SOVALDI 400 MG TABLET SPIRIVA 18 MCG CP-HANDIHALER SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH SPRYCEL 100 MG TABLET SPRYCEL 140 MG TABLET SPRYCEL 20 MG TABLET SPRYCEL 50 MG TABLET SPRYCEL 70 MG TABLET SPRYCEL 80 MG TABLET STIOLTO RESPIMAT INHAL SPRAY STIVARGA 40 MG TABLET STRIBILD TABLET STRIVERDI RESPIMAT INHAL SPRAY SUTENT 12.5 MG CAPSULE SUTENT 25 MG CAPSULE SUTENT 37.5 MG CAPSULE SUTENT 50 MG CAPSULE SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER SYMTUZA 800-150-200-10 MG TAB TAFINLAR 50 MG CAPSULE TAFINLAR 75 MG CAPSULE TALZENNA 0.25 MG CAPSULE TALZENNA 1 MG CAPSULE TASIGNA 150 MG CAPSULE TASIGNA 200 MG CAPSULE TASIGNA 50 MG CAPSULE TRELEGY ELLIPTA 100-62.5-25 TRELEGY ELLIPTA 200-62.5-25 TRIUMEQ 600-50-300 MG TABLET TUDORZA PRESSAIR 400 MCG INH

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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	VIEKIRA PAK VOSEVI 400-100-100 MG TABLET VOTRIENT 200 MG TABLET WAKIX 17.8 MG TABLET WAKIX 4.45 MG TABLET wixela 100-50 inhub wixela 250-50 inhub wixela 500-50 inhub XALKORI 200 MG CAPSULE XALKORI 250 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	XIFAXAN 200 MG TABLET XYREM 500 MG/ML ORAL SOLUTION XYWAV 0.5 GM/ML ORAL SOLUTION ZEJULA 100 MG CAPSULE ZEPATIER 50-100 MG TABLET ZOLINZA 100 MG CAPSULE ZYDELIG 100 MG TABLET ZYDELIG 150 MG TABLET ZYKADIA 150 MG TABLET

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**AFINITOR DISPERZ TABLET**	everolimus tablet for suspension
	ALINIA TABLET	nitazoxanide 500 mg tablet
	APOKYN	KYNMOBI
	AZOPT EYE DROPS	brinzolamide 1% eye drops
	BANZEL TABLET	rufinamide tablets
	CHOLBAM	Talk with your doctor about other options.
	cyclobenzaprine 7.5 mg tablet	cyclobenzaprine 5 mg, 10 mg tablet
	cyclophosphamide tablet	cyclophosphamide capsule
	DEXILANT DR CAPSULE	omeprazole, esomeprazole, pantoprazole, rabeprazole, lansoprazole
	dihydroergotamine 4 mg/ml nasal spray	sumatriptan nasal spray
	EGRIFTA	Talk with your doctor about other options.
	ELMIRON	Talk with your doctor about other options.
	EMSAM PATCH	tranylcypromine sulfate, phenelzine sulfate
	epinephrine auto-injector (generic ADRENACLICK)	epinephrine auto-injector (generic epipen/epipen jr)
	FIORICET CAPSULE	butalbital-acetaminophen-caffeine
	GENOTROPIN	HUMATROPE, NORDITROPIN
	GVOKE	BAQSIMI, GLUCAGON
	HETLIOZ	Talk with your doctor about other options.
	hydrocortisone butyrate 0.1% lipo cream	alclometasone dipro 0.05% crm, betamethasone va 0.1% cream, fluocinolone 0.025% cream, fluticasone prop 0.05% cream, hydrocortisone val 0.2% cream, mometasone furoate 0.1% cream, triamcinolone 0.025% cream
	hydrocortisone butyrate 0.1% lotion	betamethasone dp 0.05% lot, betamethasone va 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% soln, triamcinolone 0.1% lotion
	KALYDECO	TRIKAFTA

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)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**ketoconazole 2% foam**	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% shampoo
	ketorolac injection	ketorolac tablet
	LONSURF	Talk with your doctor about other options.
	MATULANE	Talk with your doctor about other options.
	metoclopramide hcl odt	metoclopramide 10 mg/10 ml soln, metoclopramide 5mg & 10mg tablet
	MULTAQ 400 MG TABLET	amiodarone tablet, flecainide acetate tab, propafenone hcl tablet, propafenone hcl er cap, sotalol tablet, sotalol af tablet, disopyramide capsule
	naproxen 125 mg/5 ml suspension	ibuprofen 100 mg/5 ml susp, naproxen tablet
	NARCAN NASAL SPRAY	naloxone hcl nasal spray
	NDA TERIPARATIDE	TYMLOS
	NUTROPIN AQ	HUMATROPE, NORDITROPIN
	OMNITROPE	HUMATROPE, NORDITROPIN
	ondansetron injection	ondansetron 4 mg/5 ml solution, ondansetron odt tablet, ondansetron hcl tablet
	OPSUMIT	Talk with your doctor about other options.
	ORKAMBI	TRIKAFTA
	orphenadrine-asa-caffeine 50-770-60 mg	chlorzoxazone, methocarbamol, orphenadrine er
	OTEZLA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	penicillamine 250 mg capsule	penicillamine 250 mg tablet
	PERFOROMIST SOLUTION	formoterol fumarate solution
	RESTASIS DROPPERETTES	cyclosporine 0.05% eye emuls
	SAIZEN	HUMATROPE, NORDITROPIN
	SEROSTIM	Talk with your doctor about other options.
	STELARA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	SUTENT CAPSULE	sunitinib malate capsule
	TALTZ	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	tizanidine hcl capsule	tizanidine hcl tablet
	tolazamide	glimepriride, glipizide, glyburide
	TRACLEER 32mg for suspension	bosentan tablet
	TREMFYA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	triamcinolone 0.147mg/gm spray	triamcinolone 0.1% ointment
	UDENYCA	NEULASTA/NEULASTA ONPRO, NYVEPRIA, ZIEXTENZO
	VALCHLOR	Talk with your doctor about other options.
	VIMPAT SOLUTION & TABLET	lacosamide solution or tablet
	XURIDEN	Talk with your doctor about other options.
	XYREM	WAKIX
	zolpidem tart sl tablet	zolpidem tartrate 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)*

Date of Change	Medications Moving to a Higher Tier	Tier Covered on	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	imipramine pamoate capsule	3	imipramine tablet
	QUAZEPAM 15 MG TABLET	4	estazolam, lorazepam

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	albendazole tablet aminocaproic acid butorphanol nasal spray cinacalcet hcl tablet CYSTADANE CYSTAGON GLEOSTINE hydromorphone hcl er tablet ivermectin tablet morphine sulfate er capsule morphine sulfate er tablet nitazoxanide tablet

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	oxymorphone hcl er tablet QUAZEPAM 15 MG TABLET rufinamide suspension & tablet SANTYL OINTMENT SYNAREL NASAL SPRAY TABLOID TABLET TARGRETIN GEL tolvaptan 15mg, 30mg tablet tramadol er vigabatrin powder packet & tablet XIFAXAN 550MG TABLET XTAMPZA ER CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER AFINITOR 10 MG TABLET AFINITOR 2.5 MG TABLET AFINITOR 5 MG TABLET AFINITOR 7.5 MG TABLET AFINITOR DISPERZ 2 MG TABLET AFINITOR DISPERZ 3 MG TABLET AFINITOR DISPERZ 5 MG TABLET AIRDUO DIGIHALER 113-14 MCG AIRDUO DIGIHALER 232-14 MCG AIRDUO DIGIHALER 55-14 MCG AIRDUO RESPICLICK 113-14 MCG AIRDUO RESPICLICK 232-14 MCG AIRDUO RESPICLICK 55-14 MCG ALECENSA 150 MG CAPSULE ALUNBRIG 180 MG TABLET ALUNBRIG 30 MG TABLET ALUNBRIG 90 MG TABLET ALUNBRIG 90 MG-180 MG TAB PACK amphetamine sulfate 10 mg tab amphetamine sulfate 5 mg tab ANORO ELLIPTA 62.5-25 MCG INH APOKYN arformoterol 15 mcg/2 ml soln ASMANEX HFA 100 MCG INHALER

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ASMANEX HFA 200 MCG INHALER ASMANEX HFA 50 MCG INHALER ASMANEX TWISTHALER 110 MCG #30 ASMANEX TWISTHALER 220 MCG #30 ASMANEX TWISTHALER 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120 atomoxetine hcl 10 mg capsule atomoxetine hcl 100 mg capsule atomoxetine hcl 18 mg capsule atomoxetine hcl 25 mg capsule atomoxetine hcl 40 mg capsule atomoxetine hcl 60 mg capsule atomoxetine hcl 80 mg capsule ATROVENT 17 MCG HFA INHALER BEVESPI AEROSPHERE INHALER BIKTARVY 30-120-15 MG TABLET BIKTARVY 50-200-25 MG TABLET BOSULIF 100 MG TABLET BOSULIF 400 MG TABLET BOSULIF 500 MG TABLET BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH BREZTRI AEROSPHERE INHALER budesonide 0.25 mg/2 ml susp budesonide 0.5 mg/2 ml susp budesonide 1 mg/2 ml inh susp CAPRELSA 100 MG 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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	CAPRELSA 300 MG TABLET COMBIVENT RESPIMAT 20-100 MCG COMETRIQ 100 MG DAILY-DOSE PK COMETRIQ 140 MG DAILY-DOSE PK COMETRIQ 60 MG DAILY-DOSE PACK COMPLERA TABLET DELSTRIGO 100-300-300 MG TAB dexmethylphenidate 10 mg tab dexmethylphenidate 2.5 mg tab dexmethylphenidate 5 mg tab dextroamp-amphetam 12.5 mg tab dextroamp-amphetam 7.5 mg tab dextroamp-amphetamin 10 mg tab dextroamp-amphetamin 15 mg tab dextroamp-amphetamin 20 mg tab dextroamp-amphetamin 30 mg tab dextroamp-amphetamine 5 mg tab dextroamphetamine 10 mg tab dextroamphetamine 5 mg tab dextroamphetamine 5 mg/5 ml DOVATO 50-300 MG TABLET DUAKLIR PRESSAIR 400-12MCG INH DULERA 100 MCG-5 MCG INHALER DULERA 200 MCG/5 MCG INHALER DULERA 50 MCG-5 MCG INHALER efavir-emtri-tenof 600-200-300 efavir-lamiv-tenof 400-300-300 efavir-lamiv-tenof 600-300-300 ENTRESTO 24 MG-26 MG TABLET ENTRESTO 49 MG-51 MG TABLET ENTRESTO 97 MG-103 MG TABLET EPCLUSA 150-37.5 MG PELLET PKT EPCLUSA 400 MG-100 MG TABLET FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 50 MCG DISKUS FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT HFA 44 MCG INHALER fluticasone-salmeterol 113-14 mcg fluticasone-salmeterol 232-14 mcg fluticasone-salmeterol 55-14 mcg GENVOYA TABLET guanfacine hcl er 1 mg tablet guanfacine hcl er 2 mg tablet guanfacine hcl er 3 mg tablet guanfacine hcl er 4 mg tablet HARVONI 45-200 MG TABLET HARVONI 90-400 MG TABLET IBRANCE 100 MG CAPSULE IBRANCE 100 MG TABLET IBRANCE 125 MG CAPSULE IBRANCE 125 MG TABLET IBRANCE 75 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	IBRANCE 75 MG TABLET ICLUSIG 10 MG TABLET ICLUSIG 15 MG TABLET ICLUSIG 30 MG TABLET ICLUSIG 45 MG TABLET imatinib mesylate 100 mg tab imatinib mesylate 400 mg tab IMBRUVICA 140 MG CAPSULE IMBRUVICA 140 MG TABLET IMBRUVICA 280 MG TABLET IMBRUVICA 420 MG TABLET IMBRUVICA 560 MG TABLET IMBRUVICA 70 MG CAPSULE INBRIJA INTRAROSA JAKAFI 10 MG TABLET JAKAFI 15 MG TABLET JAKAFI 20 MG TABLET JAKAFI 25 MG TABLET JAKAFI 5 MG TABLET JULUCA 50-25 MG TABLET KYNMOBI lapatinib 250 mg tablet LONHALA MAGNAIR 25 MCG REFILL LORBRENA 100 MG TABLET LORBRENA 25 MG TABLET LYNPARZA 100 MG TABLET LYNPARZA 150 MG TABLET MAVYRET 100-40 MG TABLET MAVYRET 50-20 MG PELLET PACKET MEKINIST 0.5 MG TABLET MEKINIST 2 MG TABLET MEKTOVI 15 MG TABLET methamphetamine 5 mg tablet methylphenidate 10 mg chew tab methylphenidate 10 mg tablet methylphenidate 10 mg/5 ml sol methylphenidate 2.5 mg chew tb methylphenidate 20 mg tablet methylphenidate 5 mg chew tab methylphenidate 5 mg tablet methylphenidate 5 mg/5 ml soln NEXAVAR 200 MG TABLET NINLARO 2.3 MG CAPSULE NINLARO 3 MG CAPSULE NINLARO 4 MG CAPSULE ODEFSEY TABLET OSPHENA PEMAZYRE 13.5 MG TABLET PEMAZYRE 4.5 MG TABLET PEMAZYRE 9 MG TABLET penicillamine 250 mg capsule penicillamine 250 mg tablet POMALYST 1 MG CAPSULE

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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	POMALYST 2 MG CAPSULE POMALYST 3 MG CAPSULE POMALYST 4 MG CAPSULE PROAIR DIGIHALER 90 MCG INHALR PROAIR RESPICLICK 90 MCG INHLR RETEVMO 40 MG CAPSULE RETEVMO 80 MG CAPSULE REVLIMID 10 MG CAPSULE REVLIMID 15 MG CAPSULE REVLIMID 2.5 MG CAPSULE REVLIMID 20 MG CAPSULE REVLIMID 25 MG CAPSULE REVLIMID 5 MG CAPSULE RUBRACA 200 MG TABLET RUBRACA 250 MG TABLET RUBRACA 300 MG TABLET SEREVENT DISKUS 50 MCG SHINGRIX SOVALDI 200 MG TABLET SOVALDI 400 MG TABLET SPIRIVA 18 MCG CP-HANDIHALER SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH SPRYCEL 100 MG TABLET SPRYCEL 140 MG TABLET SPRYCEL 20 MG TABLET SPRYCEL 50 MG TABLET SPRYCEL 70 MG TABLET SPRYCEL 80 MG TABLET STIOLTO RESPIMAT INHAL SPRAY STIVARGA 40 MG TABLET STRIBILD TABLET STRIVERDI RESPIMAT INHAL SPRAY SUTENT 12.5 MG CAPSULE SUTENT 25 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	SUTENT 37.5 MG CAPSULE SUTENT 50 MG CAPSULE SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER SYMTUZA 800-150-200-10 MG TAB TAFINLAR 50 MG CAPSULE TAFINLAR 75 MG CAPSULE TALZENNA 0.25 MG CAPSULE TALZENNA 1 MG CAPSULE TASIGNA 150 MG CAPSULE TASIGNA 200 MG CAPSULE TASIGNA 50 MG CAPSULE TRELEGY ELLIPTA 100-62.5-25 TRELEGY ELLIPTA 200-62.5-25 TRIUMEQ 600-50-300 MG TABLET TUDORZA PRESSAIR 400 MCG INH VIEKIRA PAK VOSEVI 400-100-100 MG TABLET VOTRIENT 200 MG TABLET WAKIX 17.8 MG TABLET WAKIX 4.45 MG TABLET wixela 100-50 inhub wixela 250-50 inhub wixela 500-50 inhub XALKORI 200 MG CAPSULE XALKORI 250 MG CAPSULE XIFAXAN 200 MG TABLET XYREM 500 MG/ML ORAL SOLUTION XYWAV 0.5 GM/ML ORAL SOLUTION ZEJULA 100 MG CAPSULE ZEPATIER 50-100 MG TABLET ZOLINZA 100 MG CAPSULE ZYDELIG 100 MG TABLET ZYDELIG 150 MG TABLET ZYKADIA 150 MG TABLET

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**AFINITOR DISPERZ TABLET**	everolimus tablet for suspension
	ALINIA TABLET	nitazoxanide 500 mg tablet
	APOKYN	KYNMOBI
	AZOPT EYE DROPS	brinzolamide 1% eye drops
	BANZEL TABLET	rufinamide tablets
	CHOLBAM	Talk with your doctor about other options.
	cyclobenzaprine 7.5 mg tablet	cyclobenzaprine 5 mg, 10 mg tablet
	cyclophosphamide tablet	cyclophosphamide capsule
	DEXILANT DR CAPSULE	omeprazole, esomeprazole, pantoprazole, rabeprazole, lansoprazole
	dihydroergotamine 4 mg/ml nasal spray	sumatriptan nasal spray
	EGRIFTA	Talk with your doctor about other options.
	ELMIRON	Talk with your doctor about other options.

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)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**EMSAM PATCH**	tranylcypromine sulfate, phenelzine sulfate
	epinephrine auto-injector (generic ADRENACLICK)	epinephrine auto-injector (generic epipen/epipen jr)
	FIORICET CAPSULE	butalbital-acetaminophen-caffeine
	GENOTROPIN	HUMATROPE, NORDITROPIN
	GVOKE	BAQSIMI, GLUCAGON
	HETLIOZ	Talk with your doctor about other options.
	hydrocortisone butyrate 0.1% lipo cream	alclometasone dipro 0.05% crm, betamethasone va 0.1% cream, fluocinolone 0.025% cream, fluticasone prop 0.05% cream, hydrocortisone val 0.2% cream, mometasone furoate 0.1% cream, triamcinolone 0.025% cream
	hydrocortisone butyrate 0.1% lotion	betamethasone dp 0.05% lot, betamethasone va 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% soln, triamcinolone 0.1% lotion
	KALYDECO	TRIKAFTA
	ketoconazole 2% foam	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% shampoo
	ketorolac injection	ketorolac tablet
	LONSURF	Talk with your doctor about other options.
	MATULANE	Talk with your doctor about other options.
	metoclopramide hcl odt	metoclopramide 10 mg/10 ml soln, metoclopramide 5mg & 10mg tablet
	MULTAQ 400 MG TABLET	amiodarone tablet, flecainide acetate tab, propafenone hcl tablet, propafenone hcl er cap, sotalol tablet, sotalol af tablet, disopyramide capsule
	naproxen 125 mg/5 ml suspension	ibuprofen 100 mg/5 ml susp, naproxen tablet
	NARCAN NASAL SPRAY	naloxone hcl nasal spray
	NDA TERIPARATIDE	TYMLOS
	NUTROPIN AQ	HUMATROPE, NORDITROPIN
	OMNITROPE	HUMATROPE, NORDITROPIN
	ondansetron injection	ondansetron 4 mg/5 ml solution, ondansetron odt tablet, ondansetron hcl tablet
	OPSUMIT	Talk with your doctor about other options.
	ORKAMBI	TRIKAFTA
	orphenadrine-asa-caffeine 50-770-60 mg	chlorzoxazone, methocarbamol, orphenadrine er
	OTEZLA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	penicillamine 250 mg capsule	penicillamine 250 mg tablet
	PERFOROMIST SOLUTION	formoterol fumarate solution
	RESTASIS DROPPERETTES	cyclosporine 0.05% eye emuls
	SAIZEN	HUMATROPE, NORDITROPIN
	SEROSTIM	Talk with your doctor about other options.

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)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**STELARA**	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	SUTENT CAPSULE	sunitinib malate capsule
	TALTZ	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	tizanidine hcl capsule	tizanidine hcl tablet
	tolazamide	glimepiride, glipizide, glyburide
	TRACLEER 32mg for suspension	bosentan tablet
	TREMFYA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	triamcinolone 0.147mg/gm spray	triamcinolone 0.1% ointment
	UDENYCA	NEULASTA/NEULASTA ONPRO, NYVEPRIA, ZIEXTENZO
	VALCHLOR	Talk with your doctor about other options.
	VIMPAT SOLUTION & TABLET	lacosamide solution or tablet
	XURIDEN	Talk with your doctor about other options.
	XYREM	WAKIX
	zolpidem tart sl tablet	zolpidem tartrate 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

Date of Change	Medications Moving to a Higher Tier	Tier Covered on	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	imipramine pamoate capsule	3	imipramine tablet
	QUAZEPAM 15 MG TABLET	4	estazolam, lorazepam

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	albendazole tablet aminocaproic acid butorphanol nasal spray cinacalcet hcl tablet CYSTADANE CYSTAGON GLEOSTINE hydrocodone er tablet hydromorphone hcl er tablet ivermectin tablet morphine sulfate er capsule morphine sulfate er tablet nitazoxanide tablet NUCYNTA ER

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	oxymorphone hcl er tablet QUAZEPAM 15 MG TABLET rufinamide suspension & tablet SANTYL OINTMENT SYNAREL NASAL SPRAY TABLOID TABLET TARGRETIN GEL tolvaptan 15mg, 30mg tablet tramadol er vigabatrin powder packet & tablet XIFAXAN 200, 550MG TABLET XTAMPZA ER CAPSULE ZYLET EYE DROPS

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER AFINITOR 10 MG TABLET AFINITOR 2.5 MG TABLET AFINITOR 5 MG TABLET AFINITOR 7.5 MG TABLET AFINITOR DISPERZ 2 MG TABLET AFINITOR DISPERZ 3 MG TABLET AFINITOR DISPERZ 5 MG TABLET AIRDUO DIGIHALER 113-14 MCG AIRDUO DIGIHALER 232-14 MCG AIRDUO DIGIHALER 55-14 MCG AIRDUO RESPICLICK 113-14 MCG AIRDUO RESPICLICK 232-14 MCG AIRDUO RESPICLICK 55-14 MCG ALECENSA 150 MG CAPSULE ALUNBRIG 180 MG TABLET ALUNBRIG 30 MG TABLET ALUNBRIG 90 MG TABLET ALUNBRIG 90 MG-180 MG TAB PACK amphetamine sulfate 10 mg tab amphetamine sulfate 5 mg tab ANORO ELLIPTA 62.5-25 MCG INH APOKYN arformoterol 15 mcg/2 ml soln ASMANEX HFA 100 MCG INHALER

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ASMANEX HFA 200 MCG INHALER ASMANEX HFA 50 MCG INHALER ASMANEX TWISTHALER 110 MCG #30 ASMANEX TWISTHALER 220 MCG #30 ASMANEX TWISTHALER 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120 atomoxetine hcl 10 mg capsule atomoxetine hcl 100 mg capsule atomoxetine hcl 18 mg capsule atomoxetine hcl 25 mg capsule atomoxetine hcl 40 mg capsule atomoxetine hcl 60 mg capsule atomoxetine hcl 80 mg capsule ATROVENT 17 MCG HFA INHALER BEVESPI AEROSPHERE INHALER BIKTARVY 30-120-15 MG TABLET BIKTARVY 50-200-25 MG TABLET BOSULIF 100 MG TABLET BOSULIF 400 MG TABLET BOSULIF 500 MG TABLET BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH BREZTRI AEROSPHERE INHALER budesonide 0.25 mg/2 ml susp budesonide 0.5 mg/2 ml susp budesonide 1 mg/2 ml inh susp CAPRELSA 100 MG 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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	CAPRELSA 300 MG TABLET COMBIVENT RESPIMAT 20-100 MCG COMETRIQ 100 MG DAILY-DOSE PK COMETRIQ 140 MG DAILY-DOSE PK COMETRIQ 60 MG DAILY-DOSE PACK COMPLERA TABLET DELSTRIGO 100-300-300 MG TAB dexmethylphenidate 10 mg tab dexmethylphenidate 2.5 mg tab dexmethylphenidate 5 mg tab dextroamp-amphetam 12.5 mg tab dextroamp-amphetam 7.5 mg tab dextroamp-amphetamin 10 mg tab dextroamp-amphetamin 15 mg tab dextroamp-amphetamin 20 mg tab dextroamp-amphetamin 30 mg tab dextroamp-amphetamine 5 mg tab dextroamphetamine 10 mg tab dextroamphetamine 5 mg tab dextroamphetamine 5 mg/5 ml DOVATO 50-300 MG TABLET DUAKLIR PRESSAIR 400-12MCG INH DULERA 100 MCG-5 MCG INHALER DULERA 200 MCG/5 MCG INHALER DULERA 50 MCG-5 MCG INHALER efavir-emtri-tenof 600-200-300 efavir-lamiv-tenof 400-300-300 efavir-lamiv-tenof 600-300-300 ENTRESTO 24 MG-26 MG TABLET ENTRESTO 49 MG-51 MG TABLET ENTRESTO 97 MG-103 MG TABLET EPCLUSA 150-37.5 MG PELLET PKT EPCLUSA 400 MG-100 MG TABLET FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 50 MCG DISKUS FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT HFA 44 MCG INHALER fluticasone-salmeterol 113-14 mcg fluticasone-salmeterol 232-14 mcg fluticasone-salmeterol 55-14 mcg GENVOYA TABLET guanfacine hcl er 1 mg tablet guanfacine hcl er 2 mg tablet guanfacine hcl er 3 mg tablet guanfacine hcl er 4 mg tablet HARVONI 45-200 MG TABLET HARVONI 90-400 MG TABLET IBRANCE 100 MG CAPSULE IBRANCE 100 MG TABLET IBRANCE 125 MG CAPSULE IBRANCE 125 MG TABLET IBRANCE 75 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	IBRANCE 75 MG TABLET ICLUSIG 10 MG TABLET ICLUSIG 15 MG TABLET ICLUSIG 30 MG TABLET ICLUSIG 45 MG TABLET imatinib mesylate 100 mg tab imatinib mesylate 400 mg tab IMBRUVICA 140 MG CAPSULE IMBRUVICA 140 MG TABLET IMBRUVICA 280 MG TABLET IMBRUVICA 420 MG TABLET IMBRUVICA 560 MG TABLET IMBRUVICA 70 MG CAPSULE INBRIJA INTRAROSA JAKAFI 10 MG TABLET JAKAFI 15 MG TABLET JAKAFI 20 MG TABLET JAKAFI 25 MG TABLET JAKAFI 5 MG TABLET JULUCA 50-25 MG TABLET KYNMOBI lapatinib 250 mg tablet LONHALA MAGNAIR 25 MCG REFILL LORBRENA 100 MG TABLET LORBRENA 25 MG TABLET LYNPARZA 100 MG TABLET LYNPARZA 150 MG TABLET MAVYRET 100-40 MG TABLET MAVYRET 50-20 MG PELLET PACKET MEKINIST 0.5 MG TABLET MEKINIST 2 MG TABLET MEKTOVI 15 MG TABLET methamphetamine 5 mg tablet methylphenidate 10 mg chew tab methylphenidate 10 mg tablet methylphenidate 10 mg/5 ml sol methylphenidate 2.5 mg chew tb methylphenidate 20 mg tablet methylphenidate 5 mg chew tab methylphenidate 5 mg tablet methylphenidate 5 mg/5 ml soln NEXAVAR 200 MG TABLET NINLARO 2.3 MG CAPSULE NINLARO 3 MG CAPSULE NINLARO 4 MG CAPSULE ODEFSEY TABLET OSPHENA PEMAZYRE 13.5 MG TABLET PEMAZYRE 4.5 MG TABLET PEMAZYRE 9 MG TABLET penicillamine 250 mg capsule penicillamine 250 mg tablet POMALYST 1 MG CAPSULE

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)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	POMALYST 2 MG CAPSULE POMALYST 3 MG CAPSULE POMALYST 4 MG CAPSULE PROAIR DIGIHALER 90 MCG INHALR PROAIR RESPICLICK 90 MCG INHLR RETEVMO 40 MG CAPSULE RETEVMO 80 MG CAPSULE REVLIMID 10 MG CAPSULE REVLIMID 15 MG CAPSULE REVLIMID 2.5 MG CAPSULE REVLIMID 20 MG CAPSULE REVLIMID 25 MG CAPSULE REVLIMID 5 MG CAPSULE RUBRACA 200 MG TABLET RUBRACA 250 MG TABLET RUBRACA 300 MG TABLET SEREVENT DISKUS 50 MCG SHINGRIX SOVALDI 200 MG TABLET SOVALDI 400 MG TABLET SPIRIVA 18 MCG CP-HANDIHALER SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH SPRYCEL 100 MG TABLET SPRYCEL 140 MG TABLET SPRYCEL 20 MG TABLET SPRYCEL 50 MG TABLET SPRYCEL 70 MG TABLET SPRYCEL 80 MG TABLET STIOLTO RESPIMAT INHAL SPRAY STIVARGA 40 MG TABLET STRIBILD TABLET STRIVERDI RESPIMAT INHAL SPRAY SUTENT 12.5 MG CAPSULE SUTENT 25 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	SUTENT 37.5 MG CAPSULE SUTENT 50 MG CAPSULE SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER SYMTUZA 800-150-200-10 MG TAB TAFINLAR 50 MG CAPSULE TAFINLAR 75 MG CAPSULE TALZENNA 0.25 MG CAPSULE TALZENNA 1 MG CAPSULE TASIGNA 150 MG CAPSULE TASIGNA 200 MG CAPSULE TASIGNA 50 MG CAPSULE TRELEGY ELLIPTA 100-62.5-25 TRELEGY ELLIPTA 200-62.5-25 TRIUMEQ 600-50-300 MG TABLET TUDORZA PRESSAIR 400 MCG INH VIEKIRA PAK VOSEVI 400-100-100 MG TABLET VOTRIENT 200 MG TABLET WAKIX 17.8 MG TABLET WAKIX 4.45 MG TABLET wixela 100-50 inhub wixela 250-50 inhub wixela 500-50 inhub XALKORI 200 MG CAPSULE XALKORI 250 MG CAPSULE XIFAXAN 200 MG TABLET XYREM 500 MG/ML ORAL SOLUTION XYWAV 0.5 GM/ML ORAL SOLUTION ZEJULA 100 MG CAPSULE ZEPATIER 50-100 MG TABLET ZOLINZA 100 MG CAPSULE ZYDELIG 100 MG TABLET ZYDELIG 150 MG TABLET ZYKADIA 150 MG TABLET

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**AFINITOR DISPERZ TABLET**	everolimus tablet for suspension
	ALINIA TABLET	nitazoxanide 500 mg tablet
	APOKYN	KYNMOBI
	AZOPT EYE DROPS	brinzolamide 1% eye drops
	BANZEL TABLET	rufinamide tablets
	BEPREVE EYE DROPS	bepotastine eye drops
	BESIVANCE	ciprofloxacin 0.3%, levofloxacin 0.5%, moxifloxacin 0.5%, ofloxacin 0.3% eye drops
	BROVANA SOLUTION	arformoterol solution
	BYSTOLIC	atenolol, bisoprolol, carvedilol, labetalol, metoprolol/er
	CAMBIA POWDER PACKET	diclofenac, diclofenac dr
	CIPRO HC OTIC SUSPENSION	ciprofloxacin 0.2% solution

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)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**CHENODAL**	Talk with your doctor about other options.
	CHOLBAM	Talk with your doctor about other options.
	COMBIGAN EYE DROPS	brimonidine/timolol eye drops
	cyclobenzaprine 7.5 mg tablet	cyclobenzaprine 5 mg, 10 mg tablet
	cyclophosphamide tablet	cyclophosphamide capsule
	DEXILANT DR CAPSULE	omeprazole, esomeprazole, pantoprazole, rabeprazole, lansoprazole
	dihydroergotamine 4 mg/ml nasal spray	sumatriptan nasal spray
	DUREZOL EYE DROPS	difluprednate eye drops
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan-hctz, irbesartan-hctz, losartan-hctz, olmesartan-hctz, telmisartan-hctz, valsartan-hctz
	EGRIFTA	Talk with your doctor about other options.
	ELMIRON	Talk with your doctor about other options.
	EMSAM PATCH	tranylcypromine sulfate, phenelzine sulfate
	epinephrine auto-injector (generic ADRENACLICK)	epinephrine auto-injector (generic epipen/epipen jr)
	FACTIVE	ciprofloxacin, levofloxacin, moxifloxacin tablets
	FIORICET CAPSULE	butalbital-acetaminophen-caffeine
	GENOTROPIN	HUMATROPE, NORDITROPIN
	GVOKE	BAQSIMI, GLUCAGON
	HALOG 0.1% OINTMENT	betamethasone dp, clobetasol 0.5%, fluocinonide 0.05%, halobetasol 0.05%, triamcinolone ointments
	HETLIOZ	Talk with your doctor about other options.
	hydrocortisone butyrate 0.1% lipo cream	alclometasone dipro 0.05% crm, betamethasone va 0.1% cream, fluocinolone 0.025% cream, fluticasone prop 0.05% cream, hydrocortisone val 0.2% cream, mometasone furoate 0.1% cream, triamcinolone 0.025% cream
	hydrocortisone butyrate 0.1% lotion	betamethasone dp 0.05% lot, betamethasone va 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% soln, triamcinolone 0.1% lotion
	ILEVRO	bromfenac 0.09%, diclofenac 0.1% eye drops, ketorolac solution
	KALYDECO	TRIKAFTA
	ketoconazole 2% foam	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% shampoo
	ketorolac injection	ketorolac tablet
	KRISTALOSE 20GM PACKET	lactulose 10gm/15ml solution
	LACTULOSE 10GM PACKET	lactulose 10gm/15ml solution
	LAMICTAL XR START KITS	lamotrigine er tablet
	LONSURF	Talk with your doctor about other options.
	LOTEMAX 0.5% OPTHTH GEL	loteprednol 0.5% ophth gel

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)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**LOTEMAX 0.5% EYE OINTMENT**	loteprednol 0.5% drop, loteprednol 0.5% ophth gel
	LOTEMAX SM 0.38% OPHTH GEL	loteprednol 0.5% drop, loteprednol 0.5% ophth gel
	MATULANE	Talk with your doctor about other options.
	metoclopramide hcl odt	metoclopramide 10 mg/10 ml soln, metoclopramide 5mg & 10mg tablet
	MULTAQ 400 MG TABLET	amiodarone tablet, flecainide acetate tab, propafenone hcl tablet, propafenone hcl er cap, sotalol tablet, sotalol af tablet, disopyramide capsule
	NAFTIN 2% GEL	naftifine 2% cream, naftifine 1% gel
	naproxen 125 mg/5 ml suspension	ibuprofen 100 mg/5 ml susp, naproxen tablet
	NARCAN NASAL SPRAY	naloxone hcl nasal spray
	NDA TERIPARATIDE	TYMLOS
	nebivolol	atenolol, bisoprolol, carvedilol, labetalol, metoprolol/er
	NORITATE 1% CREAM	metronidazole 0.75% cream
	NUTROPIN AQ	HUMATROPE, NORDITROPIN
	OMNITROPE	HUMATROPE, NORDITROPIN
	ondansetron injection	ondansetron 4 mg/5 ml solution, ondansetron odt tablet, ondansetron hcl tablet
	OPSUMIT	Talk with your doctor about other options.
	ORENITRAM ER	Talk with your doctor about other options.
	ORKAMBI	TRIKAFTA
	orphenadrine-asa-caffeine 50-770-60 mg	chlorzoxazone, methocarbamol, orphenadrine er
	OTEZLA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	OXISTAT 1% LOTION	ciclopirox 0.77% susp, econazole 1%, ketoconazole 2% cream
	penicillamine 250 mg capsule	penicillamine 250 mg tablet
	PERFOROMIST SOLUTION	formoterol fumarate solution
	PEXEVA	paroxetine tablet
	RESTASIS DROPPERETTES	cyclosporine 0.05% eye emuls
	SAIZEN	HUMATROPE, NORDITROPIN
	SEROSTIM	Talk with your doctor about other options.
	SOLTAMOX SOLUTION	tamoxifen tablet
	STELARA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	SUTENT CAPSULE	sunitinib malate capsule
	TALTZ	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	THIOLA 100MG TABLET	tiopronin tablet
	tizanidine hcl capsule	tizanidine hcl tablet
	TOBRADEX EYE OINTMENT	tobramycin-dexameth ophth suspension

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)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**TOBRADEX ST 0.3-0.05% EYE DROP**	tobramycin-dexameth ophth suspension
	TOBREX 0.3% EYE OINTMENT	tobramycin 0.3% eye drops
	TOLAZAMIDE	glimepiride, glipizide, glyburide
	TRACLEER 32mg for suspension	bosentan tablet
	TREMFYA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	triamcinolone 0.147mg/gm spray	triamcinolone 0.1% ointment
	trientine hcl	penicillamine 250mg tablet
	UDENYCA	NEULASTA/NEULASTA ONPRO, NYVEPRIA, ZIEXTENZO
	VALCHLOR	Talk with your doctor about other options.
	VARUBI	Talk with your doctor about other options.
	VIIBRYD	vilazodone
	VIMPAT SOLUTION & TABLET	lacosamide solution or tablet
	XURIDEN	Talk with your doctor about other options.
	XYREM	WAKIX
	zolpidem tart sl tablet	zolpidem tartrate tablet
	ZUPLENZ SOLUBLE FILM	ondansetron odt, solution or tablet, granisetron 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, KANSAS, MISSOURI, MISSISSIPPI, NORTH CAROLINA, PENNSYLVANIA, AND TENNESSEE

Date of Change	Medications Moving to a Higher Tier	Tier Covered on	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	imipramine pamoate capsule	3	imipramine tablet
	QUAZEPAM 15 MG TABLET	4	estazolam, lorazepam

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	albendazole tablet aminocaproic acid butorphanol nasal spray cinacalcet hcl tablet ciprofloxacin hcl/fluocinolone ear drops CYSTADANE CYSTAGON GLEOSTINE hydromorphone hcl er tablet ivermectin tablet morphine sulfate er capsule morphine sulfate er tablet nitazoxanide tablet NUCYNTA ER

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	oxymorphone hcl er tablet QUAZEPAM 15 MG TABLET rufinamide suspension & tablet SANTYL OINTMENT SYNAREL NASAL SPRAY TABLOID TABLET TARGRETIN GEL tolvaptan 15mg, 30mg tablet tramadol er vigabatrin powder packet & tablet XIFAXAN 200, 550MG TABLET XTAMPZA ER CAPSULE ZYLET EYE DROPS

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER AFINITOR 10 MG TABLET AFINITOR 2.5 MG TABLET AFINITOR 5 MG TABLET AFINITOR 7.5 MG TABLET AFINITOR DISPERZ 2 MG TABLET AFINITOR DISPERZ 3 MG TABLET AFINITOR DISPERZ 5 MG TABLET AIRDUO DIGIHALER 113-14 MCG AIRDUO DIGIHALER 232-14 MCG AIRDUO DIGIHALER 55-14 MCG AIRDUO RESPICLICK 113-14 MCG AIRDUO RESPICLICK 232-14 MCG AIRDUO RESPICLICK 55-14 MCG ALECENSA 150 MG CAPSULE ALUNBRIG 180 MG TABLET ALUNBRIG 30 MG TABLET ALUNBRIG 90 MG TABLET ALUNBRIG 90 MG-180 MG TAB PACK amphetamine sulfate 10 mg tab amphetamine sulfate 5 mg tab ANORO ELLIPTA 62.5-25 MCG INH APOKYN arformoterol 15 mcg/2 ml soln ASMANEX HFA 100 MCG INHALER

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ASMANEX HFA 200 MCG INHALER ASMANEX HFA 50 MCG INHALER ASMANEX TWISTHALER 110 MCG #30 ASMANEX TWISTHALER 220 MCG #30 ASMANEX TWISTHALER 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120 atomoxetine hcl 10 mg capsule atomoxetine hcl 100 mg capsule atomoxetine hcl 18 mg capsule atomoxetine hcl 25 mg capsule atomoxetine hcl 40 mg capsule atomoxetine hcl 60 mg capsule atomoxetine hcl 80 mg capsule ATROVENT 17 MCG HFA INHALER BEVESPI AEROSPHERE INHALER BIKTARVY 30-120-15 MG TABLET BIKTARVY 50-200-25 MG TABLET BOSULIF 100 MG TABLET BOSULIF 400 MG TABLET BOSULIF 500 MG TABLET BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH BREZTRI AEROSPHERE INHALER budesonide 0.25 mg/2 ml susp budesonide 0.5 mg/2 ml susp budesonide 1 mg/2 ml inh susp CAPRELSA 100 MG 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, KANSAS, MISSOURI, MISSISSIPPI, NORTH CAROLINA, PENNSYLVANIA, AND TENNESSEE *(cont)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	CAPRELSA 300 MG TABLET COMBIVENT RESPIMAT 20-100 MCG COMETRIQ 100 MG DAILY-DOSE PK COMETRIQ 140 MG DAILY-DOSE PK COMETRIQ 60 MG DAILY-DOSE PACK COMPLERA TABLET DELSTRIGO 100-300-300 MG TAB dexmethylphenidate 10 mg tab dexmethylphenidate 2.5 mg tab dexmethylphenidate 5 mg tab dextroamp-amphetam 12.5 mg tab dextroamp-amphetam 7.5 mg tab dextroamp-amphetamin 10 mg tab dextroamp-amphetamin 15 mg tab dextroamp-amphetamin 20 mg tab dextroamp-amphetamin 30 mg tab dextroamp-amphetamine 5 mg tab dextroamphetamine 10 mg tab dextroamphetamine 5 mg tab dextroamphetamine 5 mg/5 ml DOVATO 50-300 MG TABLET DUAKLIR PRESSAIR 400-12MCG INH DULERA 100 MCG-5 MCG INHALER DULERA 200 MCG/5 MCG INHALER DULERA 50 MCG-5 MCG INHALER efavir-emtri-tenof 600-200-300 efavir-lamiv-tenof 400-300-300 efavir-lamiv-tenof 600-300-300 ENTRESTO 24 MG-26 MG TABLET ENTRESTO 49 MG-51 MG TABLET ENTRESTO 97 MG-103 MG TABLET EPCLUSA 150-37.5 MG PELLET PKT EPCLUSA 400 MG-100 MG TABLET FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 50 MCG DISKUS FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT HFA 44 MCG INHALER fluticasone-salmeterol 113-14 mcg fluticasone-salmeterol 232-14 mcg fluticasone-salmeterol 55-14 mcg GENVOYA TABLET guanfacine hcl er 1 mg tablet guanfacine hcl er 2 mg tablet guanfacine hcl er 3 mg tablet guanfacine hcl er 4 mg tablet HARVONI 45-200 MG TABLET HARVONI 90-400 MG TABLET IBRANCE 100 MG CAPSULE IBRANCE 100 MG TABLET IBRANCE 125 MG CAPSULE IBRANCE 125 MG TABLET IBRANCE 75 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	IBRANCE 75 MG TABLET ICLUSIG 10 MG TABLET ICLUSIG 15 MG TABLET ICLUSIG 30 MG TABLET ICLUSIG 45 MG TABLET imatinib mesylate 100 mg tab imatinib mesylate 400 mg tab IMBRUVICA 140 MG CAPSULE IMBRUVICA 140 MG TABLET IMBRUVICA 280 MG TABLET IMBRUVICA 420 MG TABLET IMBRUVICA 560 MG TABLET IMBRUVICA 70 MG CAPSULE INBRIJA INTRAROSA JAKAFI 10 MG TABLET JAKAFI 15 MG TABLET JAKAFI 20 MG TABLET JAKAFI 25 MG TABLET JAKAFI 5 MG TABLET JULUCA 50-25 MG TABLET KYNMOBI lapatinib 250 mg tablet LONHALA MAGNAIR 25 MCG REFILL LORBRENA 100 MG TABLET LORBRENA 25 MG TABLET LYNPARZA 100 MG TABLET LYNPARZA 150 MG TABLET MAVYRET 100-40 MG TABLET MAVYRET 50-20 MG PELLET PACKET MEKINIST 0.5 MG TABLET MEKINIST 2 MG TABLET MEKTOVI 15 MG TABLET methamphetamine 5 mg tablet methylphenidate 10 mg chew tab methylphenidate 10 mg tablet methylphenidate 10 mg/5 ml sol methylphenidate 2.5 mg chew tb methylphenidate 20 mg tablet methylphenidate 5 mg chew tab methylphenidate 5 mg tablet methylphenidate 5 mg/5 ml soln NEXAVAR 200 MG TABLET NINLARO 2.3 MG CAPSULE NINLARO 3 MG CAPSULE NINLARO 4 MG CAPSULE ODEFSEY TABLET OSPHENA PEMAZYRE 13.5 MG TABLET PEMAZYRE 4.5 MG TABLET PEMAZYRE 9 MG TABLET penicillamine 250 mg capsule penicillamine 250 mg tablet POMALYST 1 MG CAPSULE

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, KANSAS, MISSOURI, MISSISSIPPI, NORTH CAROLINA, PENNSYLVANIA, AND TENNESSEE *(cont)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	POMALYST 2 MG CAPSULE POMALYST 3 MG CAPSULE POMALYST 4 MG CAPSULE PROAIR DIGIHALER 90 MCG INHALR PROAIR RESPICLICK 90 MCG INHLR RETEVMO 40 MG CAPSULE RETEVMO 80 MG CAPSULE REVLIMID 10 MG CAPSULE REVLIMID 15 MG CAPSULE REVLIMID 2.5 MG CAPSULE REVLIMID 20 MG CAPSULE REVLIMID 25 MG CAPSULE REVLIMID 5 MG CAPSULE RUBRACA 200 MG TABLET RUBRACA 250 MG TABLET RUBRACA 300 MG TABLET SEREVENT DISKUS 50 MCG SHINGRIX SOVALDI 200 MG TABLET SOVALDI 400 MG TABLET SPIRIVA 18 MCG CP-HANDIHALER SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH SPRYCEL 100 MG TABLET SPRYCEL 140 MG TABLET SPRYCEL 20 MG TABLET SPRYCEL 50 MG TABLET SPRYCEL 70 MG TABLET SPRYCEL 80 MG TABLET STIOLTO RESPIMAT INHAL SPRAY STIVARGA 40 MG TABLET STRIBILD TABLET STRIVERDI RESPIMAT INHAL SPRAY SUTENT 12.5 MG CAPSULE SUTENT 25 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	SUTENT 37.5 MG CAPSULE SUTENT 50 MG CAPSULE SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER SYMTUZA 800-150-200-10 MG TAB TAFINLAR 50 MG CAPSULE TAFINLAR 75 MG CAPSULE TALZENNA 0.25 MG CAPSULE TALZENNA 1 MG CAPSULE TASIGNA 150 MG CAPSULE TASIGNA 200 MG CAPSULE TASIGNA 50 MG CAPSULE TRELEGY ELLIPTA 100-62.5-25 TRELEGY ELLIPTA 200-62.5-25 TRIUMEQ 600-50-300 MG TABLET TUDORZA PRESSAIR 400 MCG INH VIEKIRA PAK VOSEVI 400-100-100 MG TABLET VOTRIENT 200 MG TABLET WAKIX 17.8 MG TABLET WAKIX 4.45 MG TABLET wixela 100-50 inhub wixela 250-50 inhub wixela 500-50 inhub XALKORI 200 MG CAPSULE XALKORI 250 MG CAPSULE XIFAXAN 200 MG TABLET XYREM 500 MG/ML ORAL SOLUTION XYWAV 0.5 GM/ML ORAL SOLUTION ZEJULA 100 MG CAPSULE ZEPATIER 50-100 MG TABLET ZOLINZA 100 MG CAPSULE ZYDELIG 100 MG TABLET ZYDELIG 150 MG TABLET ZYKADIA 150 MG TABLET

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**AFINITOR DISPERZ TABLET**	everolimus tablet for suspension
	ALINIA TABLET	nitazoxanide 500 mg tablet
	APOKYN	KYNMOBI
	AZOPT EYE DROPS	brinzolamide 1% eye drops
	BANZEL TABLET	rufinamide tablets
	BEPREVE EYE DROPS	bepotastine eye drops
	BESIVANCE	ciprofloxacin 0.3%, levofloxacin 0.5%, moxifloxacin 0.5%, ofloxacin 0.3% eye drops
	BROVANA SOLUTION	arformoterol solution
	BYSTOLIC	atenolol, bisoprolol, carvedilol, labetalol, metoprolol/er
	CAMBIA POWDER PACKET	diclofenac, diclofenac dr
	CIPRO HC OTIC SUSPENSION	ciprofloxacin 0.2% solution, ciproflox-dexameth otic susp

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, KANSAS, MISSOURI, MISSISSIPPI, NORTH CAROLINA, PENNSYLVANIA, AND TENNESSEE *(cont)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**CHENODAL**	Talk with your doctor about other options.
	CHOLBAM	Talk with your doctor about other options.
	COMBIGAN EYE DROPS	brimonidine/timolol eye drops
	cyclobenzaprine 7.5 mg tablet	cyclobenzaprine 5 mg, 10 mg tablet
	cyclophosphamide tablet	cyclophosphamide capsule
	DEXILANT DR CAPSULE	omeprazole, esomeprazole, pantoprazole, raberprazole, lansoprazole
	dihydroergotamine 4 mg/ml nasal spray	sumatriptan nasal spray
	DUREZOL EYE DROPS	difluprednate eye drops
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan-hctz, irbesartan-hctz, losartan-hctz, olmesartan-hctz, telmisartan-hctz, valsartan-hctz
	EGRIFTA	Talk with your doctor about other options.
	ELMIRON	Talk with your doctor about other options.
	EMSAM PATCH	tranylcypromine sulfate, phenelzine sulfate
	epinephrine auto-injector (generic ADRENACLICK)	epinephrine auto-injector (generic epipen/epipen jr)
	FACTIVE (except IL)	ciprofloxacin, levofloxacin, moxifloxacin tablets
	FIORICET CAPSULE	butalbital-acetaminophen-caffeine
	GENOTROPIN	HUMATROPE, NORDITROPIN
	GVOKE	BAQSIMI, GLUCAGON
	HALOG 0.1% OINTMENT	betamethasone dp, clobetasol 0.5%, fluocinonide 0.05%, halobetasol 0.05%, triamcinolone ointments
	HETLIOZ	Talk with your doctor about other options.
	hydrocortisone butyrate 0.1% lipo cream	alclometasone dipro 0.05% crm, betamethasone va 0.1% cream, fluocinolone 0.025% cream, fluticasone prop 0.05% cream, hydrocortisone val 0.2% cream, mometasone furoate 0.1% cream, triamcinolone 0.025% cream
	hydrocortisone butyrate 0.1% lotion	betamethasone dp 0.05% lot, betamethasone va 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% soln, triamcinolone 0.1% lotion
	ILEVRO	bromfenac 0.09%, diclofenac 0.1% eye drops, ketorolac solution
	KALYDECO	TRIKAFTA
	ketoconazole 2% foam	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% shampoo
	ketorolac injection	ketorolac tablet
	KRISTALOSE 20GM PACKET	lactulose 10gm/15ml solution
	LACTULOSE 10GM PACKET	lactulose 10gm/15ml solution
	LAMICTAL XR START KITS	lamotrigine er tablet
	LONSURF	Talk with your doctor about other options.

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, KANSAS, MISSOURI, MISSISSIPPI, NORTH CAROLINA, PENNSYLVANIA, AND TENNESSEE *(cont)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**LOTEMAX 0.5% OPTHTH GEL**	loteprednol 0.5% ophth gel
	LOTEMAX 0.5% EYE OINTMENT	loteprednol 0.5% drop, loteprednol 0.5% ophth gel
	LOTEMAX SM 0.38% OPHTH GEL	loteprednol 0.5% drop, loteprednol 0.5% ophth gel
	MATULANE	Talk with your doctor about other options.
	metoclopramide hcl odt	metoclopramide 10 mg/10 ml soln, metoclopramide 5mg & 10mg tablet
	MULTAQ 400 MG TABLET	amiodarone tablet, flecainide acetate tab, propafenone hcl tablet, propafenone hcl er cap, sotalol tablet, sotalol af tablet, disopyramide capsule
	MYALEPT	Talk with your doctor about other options.
	NAFTIN 2% GEL	naftifine 2% cream, naftifine 1% gel
	naproxen 125 mg/5 ml suspension	ibuprofen 100 mg/5 ml susp, naproxen tablet
	NARCAN NASAL SPRAY	naloxone hcl nasal spray
	NDA TERIPARATIDE	TYMLOS
	nebivolol	atenolol, bisoprolol, carvedilol, labetalol, metoprolol/er
	NORITATE 1% CREAM	metronidazole 0.75% cream
	NUTROPIN AQ	HUMATROPE, NORDITROPIN
	OMNITROPE	HUMATROPE, NORDITROPIN
	ondansetron injection	ondansetron 4 mg/5 ml solution, ondansetron odt tablet, ondansetron hcl tablet
	OPSUMIT	Talk with your doctor about other options.
	ORENITRAM ER	Talk with your doctor about other options.
	ORKAMBI	TRIKAFTA
	orphenadrine-asa-caffeine 50-770-60 mg	chlorzoxazone, methocarbamol, orphenadrine er
	OTEZLA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	OXISTAT 1% LOTION	ciclopirox 0.77% susp, econazole 1%, ketoconazole 2% cream
	penicillamine 250 mg capsule	penicillamine 250 mg tablet
	PERFOROMIST SOLUTION	formoterol fumarate solution
	PEXEVA	paroxetine tablet
	RESTASIS DROPPERETTES	cyclosporine 0.05% eye emuls
	SAIZEN	HUMATROPE, NORDITROPIN
	SEROSTIM	Talk with your doctor about other options.
	SOLTAMOX SOLUTION	tamoxifen tablet
	STELARA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	SUTENT CAPSULE	sunitinib malate capsule
	TALTZ	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	THIOLA 100MG TABLET	tiopronin tablet
	tizanidine hcl capsule	tizanidine hcl 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, KANSAS, MISSOURI, MISSISSIPPI, NORTH CAROLINA, PENNSYLVANIA, AND TENNESSEE *(cont)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**TOBRADEX EYE OINTMENT**	tobramycin-dexameth ophth suspension
	TOBRADEX ST 0.3-0.05% EYE DROP	tobramycin-dexameth ophth suspension
	TOBREX 0.3% EYE OINTMENT	tobramycin 0.3% eye drops
	TOLAZAMIDE	glimepiride, glipizide, glyburide
	TRACLEER 32mg for suspension	bosentan tablet
	TREMFYA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	triamcinolone 0.147mg/gm spray	triamcinolone 0.1% ointment
	trientine hcl	penicillamine 250mg tablet
	UDENYCA	NEULASTA/NEULASTA ONPRO, NYVEPRIA, ZIEXTENZO
	VALCHLOR	Talk with your doctor about other options.
	VARUBI	Talk with your doctor about other options.
	VIIBRYD	vilazodone
	VIMPAT SOLUTION & TABLET	lacosamide solution or tablet
	XURIDEN	Talk with your doctor about other options.
	XYREM	WAKIX
	zolpidem tart sl tablet	zolpidem tartrate tablet
	ZUPLENZ SOLUBLE FILM	ondansetron odt, solution or tablet, granisetron 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 AND VIRGINIA

Date of Change	Medications Moving to a Higher Tier	Tier Covered on	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	imipramine pamoate capsule	3	imipramine tablet
	QUAZEPAM 15 MG TABLET	4	estazolam, lorazepam

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	acyclovir ointment albendazole tablet aminocaproic acid butorphanol nasal spray cinacalcet hcl tablet ciprofloxacin hcl/fluocinolone ear drops CYSTADANE CYSTAGON GLEOSTINE hydrocodone er tablet hydromorphone hcl er tablet ivermectin tablet morphine sulfate er capsule morphine sulfate er tablet nitazoxanide tablet

Date of Change	Medications that Will Need Approval (Prior Authorization)
Your plan will only cover this medication if your doctor's office requests, and receives, pre-approval from Cigna.	
January 1st	NUCYNTA ER oxymorphone hcl er tablet QUAZEPAM 15 MG TABLET rufinamide suspension & tablet SANTYL OINTMENT SYNAREL NASAL SPRAY TABLOID TABLET TARGRETIN GEL tolvaptan 15mg, 30mg tablet tramadol er vigabatrin powder packet & tablet XIFAXAN 200, 550MG TABLET XTAMPZA ER CAPSULE ZYLET EYE DROPS

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ADVAIR HFA 115-21 MCG INHALER ADVAIR HFA 230-21 MCG INHALER ADVAIR HFA 45-21 MCG INHALER AFINITOR 10 MG TABLET AFINITOR 2.5 MG TABLET AFINITOR 5 MG TABLET AFINITOR 7.5 MG TABLET AFINITOR DISPERZ 2 MG TABLET AFINITOR DISPERZ 3 MG TABLET AFINITOR DISPERZ 5 MG TABLET AIRDUO DIGIHALER 113-14 MCG AIRDUO DIGIHALER 232-14 MCG AIRDUO DIGIHALER 55-14 MCG AIRDUO RESPICLICK 113-14 MCG AIRDUO RESPICLICK 232-14 MCG AIRDUO RESPICLICK 55-14 MCG ALECENSA 150 MG CAPSULE ALUNBRIG 180 MG TABLET ALUNBRIG 30 MG TABLET ALUNBRIG 90 MG TABLET ALUNBRIG 90 MG-180 MG TAB PACK amphetamine sulfate 10 mg tab amphetamine sulfate 5 mg tab ANORO ELLIPTA 62.5-25 MCG INH APOKYN arformoterol 15 mcg/2 ml soln ASMANEX HFA 100 MCG INHALER

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	ASMANEX HFA 200 MCG INHALER ASMANEX HFA 50 MCG INHALER ASMANEX TWISTHALER 110 MCG #30 ASMANEX TWISTHALER 220 MCG #30 ASMANEX TWISTHALER 220 MCG #60 ASMANEX TWISTHALR 220 MCG #120 atomoxetine hcl 10 mg capsule atomoxetine hcl 100 mg capsule atomoxetine hcl 18 mg capsule atomoxetine hcl 25 mg capsule atomoxetine hcl 40 mg capsule atomoxetine hcl 60 mg capsule atomoxetine hcl 80 mg capsule ATROVENT 17 MCG HFA INHALER BEVESPI AEROSPHERE INHALER BIKTARVY 30-120-15 MG TABLET BIKTARVY 50-200-25 MG TABLET BOSULIF 100 MG TABLET BOSULIF 400 MG TABLET BOSULIF 500 MG TABLET BREO ELLIPTA 100-25 MCG INH BREO ELLIPTA 200-25 MCG INH BREZTRI AEROSPHERE INHALER budesonide 0.25 mg/2 ml susp budesonide 0.5 mg/2 ml susp budesonide 1 mg/2 ml inh susp CAPRELSA 100 MG 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 AND VIRGINIA *(cont)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	CAPRELSA 300 MG TABLET COMBIVENT RESPIMAT 20-100 MCG COMETRIQ 100 MG DAILY-DOSE PK COMETRIQ 140 MG DAILY-DOSE PK COMETRIQ 60 MG DAILY-DOSE PACK COMPLERA TABLET DELSTRIGO 100-300-300 MG TAB dexmethylphenidate 10 mg tab dexmethylphenidate 2.5 mg tab dexmethylphenidate 5 mg tab dextroamp-amphetam 12.5 mg tab dextroamp-amphetam 7.5 mg tab dextroamp-amphetamin 10 mg tab dextroamp-amphetamin 15 mg tab dextroamp-amphetamin 20 mg tab dextroamp-amphetamin 30 mg tab dextroamp-amphetamine 5 mg tab dextroamphetamine 10 mg tab dextroamphetamine 5 mg tab dextroamphetamine 5 mg/5 ml DOVATO 50-300 MG TABLET DUAKLIR PRESSAIR 400-12MCG INH DULERA 100 MCG-5 MCG INHALER DULERA 200 MCG/5 MCG INHALER DULERA 50 MCG-5 MCG INHALER efavir-emtri-tenof 600-200-300 efavir-lamiv-tenof 400-300-300 efavir-lamiv-tenof 600-300-300 ENTRESTO 24 MG-26 MG TABLET ENTRESTO 49 MG-51 MG TABLET ENTRESTO 97 MG-103 MG TABLET EPCLUSA 150-37.5 MG PELLET PKT EPCLUSA 400 MG-100 MG TABLET FLOVENT 100 MCG DISKUS FLOVENT 250 MCG DISKUS FLOVENT 50 MCG DISKUS FLOVENT HFA 110 MCG INHALER FLOVENT HFA 220 MCG INHALER FLOVENT HFA 44 MCG INHALER fluticasone-salmeterol 113-14 mcg fluticasone-salmeterol 232-14 mcg fluticasone-salmeterol 55-14 mcg GENVOYA TABLET guanfacine hcl er 1 mg tablet guanfacine hcl er 2 mg tablet guanfacine hcl er 3 mg tablet guanfacine hcl er 4 mg tablet HARVONI 45-200 MG TABLET HARVONI 90-400 MG TABLET IBRANCE 100 MG CAPSULE IBRANCE 100 MG TABLET IBRANCE 125 MG CAPSULE IBRANCE 125 MG TABLET IBRANCE 75 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	IBRANCE 75 MG TABLET ICLUSIG 10 MG TABLET ICLUSIG 15 MG TABLET ICLUSIG 30 MG TABLET ICLUSIG 45 MG TABLET imatinib mesylate 100 mg tab imatinib mesylate 400 mg tab IMBRUVICA 140 MG CAPSULE IMBRUVICA 140 MG TABLET IMBRUVICA 280 MG TABLET IMBRUVICA 420 MG TABLET IMBRUVICA 560 MG TABLET IMBRUVICA 70 MG CAPSULE INBRIJA INTRAROSA JAKAFI 10 MG TABLET JAKAFI 15 MG TABLET JAKAFI 20 MG TABLET JAKAFI 25 MG TABLET JAKAFI 5 MG TABLET JULUCA 50-25 MG TABLET KYNMOBI lapatinib 250 mg tablet LONHALA MAGNAIR 25 MCG REFILL LORBRENA 100 MG TABLET LORBRENA 25 MG TABLET LYNPARZA 100 MG TABLET LYNPARZA 150 MG TABLET MAVYRET 100-40 MG TABLET MAVYRET 50-20 MG PELLET PACKET MEKINIST 0.5 MG TABLET MEKINIST 2 MG TABLET MEKTOVI 15 MG TABLET methamphetamine 5 mg tablet methylphenidate 10 mg chew tab methylphenidate 10 mg tablet methylphenidate 10 mg/5 ml sol methylphenidate 2.5 mg chew tb methylphenidate 20 mg tablet methylphenidate 5 mg chew tab methylphenidate 5 mg tablet methylphenidate 5 mg/5 ml soln NEXAVAR 200 MG TABLET NINLARO 2.3 MG CAPSULE NINLARO 3 MG CAPSULE NINLARO 4 MG CAPSULE ODEFSEY TABLET OSPHENA PEMAZYRE 13.5 MG TABLET PEMAZYRE 4.5 MG TABLET PEMAZYRE 9 MG TABLET penicillamine 250 mg capsule penicillamine 250 mg tablet POMALYST 1 MG CAPSULE

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 AND VIRGINIA *(cont)*

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	POMALYST 2 MG CAPSULE POMALYST 3 MG CAPSULE POMALYST 4 MG CAPSULE PROAIR DIGIHALER 90 MCG INHALR PROAIR RESPICLICK 90 MCG INHLR RETEVMO 40 MG CAPSULE RETEVMO 80 MG CAPSULE REVLIMID 10 MG CAPSULE REVLIMID 15 MG CAPSULE REVLIMID 2.5 MG CAPSULE REVLIMID 20 MG CAPSULE REVLIMID 25 MG CAPSULE REVLIMID 5 MG CAPSULE RUBRACA 200 MG TABLET RUBRACA 250 MG TABLET RUBRACA 300 MG TABLET SEREVENT DISKUS 50 MCG SHINGRIX SOVALDI 200 MG TABLET SOVALDI 400 MG TABLET SPIRIVA 18 MCG CP-HANDIHALER SPIRIVA RESPIMAT 1.25 MCG INH SPIRIVA RESPIMAT 2.5 MCG INH SPRYCEL 100 MG TABLET SPRYCEL 140 MG TABLET SPRYCEL 20 MG TABLET SPRYCEL 50 MG TABLET SPRYCEL 70 MG TABLET SPRYCEL 80 MG TABLET STIOLTO RESPIMAT INHAL SPRAY STIVARGA 40 MG TABLET STRIBILD TABLET STRIVERDI RESPIMAT INHAL SPRAY SUTENT 12.5 MG CAPSULE SUTENT 25 MG CAPSULE

Date of Change	Medications that Will Have a Quantity Limit
Your plan will only cover up to a certain amount of medication at one time.	
January 1st	SUTENT 37.5 MG CAPSULE SUTENT 50 MG CAPSULE SYMBICORT 160-4.5 MCG INHALER SYMBICORT 80-4.5 MCG INHALER SYMTUZA 800-150-200-10 MG TAB TAFINLAR 50 MG CAPSULE TAFINLAR 75 MG CAPSULE TALZENNA 0.25 MG CAPSULE TALZENNA 1 MG CAPSULE TASIGNA 150 MG CAPSULE TASIGNA 200 MG CAPSULE TASIGNA 50 MG CAPSULE TRELEGY ELLIPTA 100-62.5-25 TRELEGY ELLIPTA 200-62.5-25 TRIUMEQ 600-50-300 MG TABLET TUDORZA PRESSAIR 400 MCG INH VIEKIRA PAK VOSEVI 400-100-100 MG TABLET VOTRIENT 200 MG TABLET WAKIX 17.8 MG TABLET WAKIX 4.45 MG TABLET wixela 100-50 inhub wixela 250-50 inhub wixela 500-50 inhub XALKORI 200 MG CAPSULE XALKORI 250 MG CAPSULE XIFAXAN 200 MG TABLET XYREM 500 MG/ML ORAL SOLUTION XYWAV 0.5 GM/ML ORAL SOLUTION ZEJULA 100 MG CAPSULE ZEPATIER 50-100 MG TABLET ZOLINZA 100 MG CAPSULE ZYDELIG 100 MG TABLET ZYDELIG 150 MG TABLET ZYKADIA 150 MG TABLET

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**AFINITOR DISPERZ TABLET**	everolimus tablet for suspension
	ALINIA TABLET	nitazoxanide 500 mg tablet
	APOKYN	KYNMOBI
	AZOPT EYE DROPS	brinzolamide 1% eye drops
	BANZEL TABLET	rufinamide tablets
	BEPREVE EYE DROPS	bepotastine eye drops
	BESIVANCE	ciprofloxacin 0.3%, levofloxacin 0.5%, moxifloxacin 0.5%, ofloxacin 0.3% eye drops
	BROVANA SOLUTION	arformoterol solution
	BYSTOLIC	atenolol, bisoprolol, carvedilol, labetalol, metoprolol/er
	CAMBIA POWDER PACKET	diclofenac, diclofenac dr
	CIPRO HC OTIC SUSPENSION	ciprofloxacin 0.2% solution, ciproflox-dexameth otic susp

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 AND VIRGINIA *(cont)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**CHENODAL**	Talk with your doctor about other options.
	CHOLBAM	Talk with your doctor about other options.
	COMBIGAN EYE DROPS	brimonidine/timolol eye drops
	cyclobenzaprine 7.5 mg tablet	cyclobenzaprine 5 mg, 10 mg tablet
	cyclophosphamide tablet	cyclophosphamide capsule
	DEXILANT DR CAPSULE	omeprazole, esomeprazole, pantoprazole, raberprazole, lansoprazole
	dihydroergotamine 4 mg/ml nasal spray	sumatriptan nasal spray
	DUREZOL EYE DROPS	difluprednate eye drops
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan-hctz, irbesartan-hctz, losartan-hctz, olmesartan-hctz, telmisartan-hctz, valsartan-hctz
	EGRIFTA	Talk with your doctor about other options.
	ELMIRON	Talk with your doctor about other options.
	EMSAM PATCH	tranylcypromine sulfate, phenelzine sulfate
	epinephrine auto-injector (generic ADRENACLICK)	epinephrine auto-injector (generic epipen/epipen jr)
	FACTIVE	ciprofloxacin, levofloxacin, moxifloxacin tablets
	FIORICET CAPSULE	butalbital-acetaminophen-caffeine
	GENOTROPIN	HUMATROPE, NORDITROPIN
	GVOKE	BAQSIMI, GLUCAGON
	HALOG 0.1% OINTMENT	betamethasone dp, clobetasol 0.5%, fluocinonide 0.05%, halobetasol 0.05%, triamcinolone ointments
	HETLIOZ (Virginia only)	Talk with your doctor about other options.
	hydrocortisone butyrate 0.1% lipo cream	alclometasone dipro 0.05% crm, betamethasone va 0.1% cream, fluocinolone 0.025% cream, fluticasone prop 0.05% cream, hydrocortisone val 0.2% cream, mometasone furoate 0.1% cream, triamcinolone 0.025% cream
	hydrocortisone butyrate 0.1% lotion	betamethasone dp 0.05% lot, betamethasone va 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% soln, triamcinolone 0.1% lotion
	HYSINGLA ER TABLET	hydrocodone er tablet
	ILEVRO	bromfenac 0.09%, diclofenac 0.1% eye drops, ketorolac solution
	KALYDECO	TRIKAFTA
	ketoconazole 2% foam	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% shampoo
	ketorolac injection	ketorolac tablet
	KRISTALOSE 20GM PACKET	lactulose 10gm/15ml solution
	LACTULOSE 10GM PACKET	lactulose 10gm/15ml solution
	LAMICTAL XR START KITS	lamotrigine er 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 AND VIRGINIA *(cont)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**LOTEMAX 0.5% OPTHTH GEL**	loteprednol 0.5% ophth gel
	LOTEMAX 0.5% EYE OINTMENT	loteprednol 0.5% drop, loteprednol 0.5% ophth gel
	LOTEMAX SM 0.38% OPHTH GEL	loteprednol 0.5% drop, loteprednol 0.5% ophth gel
	MATULANE	Talk with your doctor about other options.
	metoclopramide hcl odt	metoclopramide 10 mg/10 ml soln, metoclopramide 5mg & 10mg tablet
	MULTAQ 400 MG TABLET	amiodarone tablet, flecainide acetate tab, propafenone hcl tablet, propafenone hcl er cap, sotalol tablet, sotalol af tablet, disopyramide capsule
	MYALEPT	Talk with your doctor about other options.
	NAFTIN 2% GEL	naftifine 2% cream, naftifine 1% gel
	naproxen 125 mg/5 ml suspension	ibuprofen 100 mg/5 ml susp, naproxen tablet
	NARCAN NASAL SPRAY	naloxone hcl nasal spray
	NDA TERIPARATIDE	TYMLOS
	nebivolol	atenolol, bisoprolol, carvedilol, labetalol, metoprolol/er
	NORITATE 1% CREAM	metronidazole 0.75% cream
	NUTROPIN AQ	HUMATROPE, NORDITROPIN
	OMNITROPE	HUMATROPE, NORDITROPIN
	ondansetron injection	ondansetron 4 mg/5 ml solution, ondansetron odt tablet, ondansetron hcl tablet
	OPSUMIT	Talk with your doctor about other options.
	ORENITRAM ER	Talk with your doctor about other options.
	ORKAMBI	TRIKAFTA
	orphenadrine-asa-caffeine 50-770-60 mg	chlorzoxazone, methocarbamol, orphenadrine er
	OTEZLA	ENBREL, HUMIRA, XELJANZ, XELJANZ XR
	OXISTAT 1% LOTION	ciclopirox 0.77% susp, econazole 1%, ketoconazole 2% cream
	penicillamine 250 mg capsule	penicillamine 250 mg tablet
	PERFOROMIST SOLUTION	formoterol fumarate solution
	PEXEVA	paroxetine tablet
	RESTASIS DROPPERETTES	cyclosporine 0.05% eye emuls
	SAIZEN	HUMATROPE, NORDITROPIN
	SEROSTIM	Talk with your doctor about other options.
	SOLTAMOX SOLUTION	tamoxifen tablet
	STELARA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	SUTENT CAPSULE	sunitinib malate capsule
	TALTZ	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	THIOLA 100MG TABLET	tiopronin tablet
	tizanidine hcl capsule	tizanidine hcl 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 AND VIRGINIA *(cont)*

Date of Change	Medications that Will be Taken Off the Drug List (No Longer be Covered)[3]	Generic and/or Preferred Brand Alternative(s) *(Used to treat the same condition and may cost less)*
January 1st	**TOBRADEX EYE OINTMENT**	tobramycin-dexameth ophth suspension
	TOBRADEX ST 0.3-0.05% EYE DROP	tobramycin-dexameth ophth suspension
	TOBREX 0.3% EYE OINTMENT	tobramycin 0.3% eye drops
	TOLAZAMIDE	glimepiride, glipizide, glyburide
	TRACLEER 32mg for suspension	bosentan tablet
	TREMFYA	ENBREL, HUMIRA, SKYRIZI, XELJANZ, XELJANZ XR
	triamcinolone 0.147mg/gm spray	triamcinolone 0.1% ointment
	trientine hcl	penicillamine 250mg tablet
	UDENYCA	NEULASTA/NEULASTA ONPRO, NYVEPRIA, ZIEXTENZO
	VALCHLOR	Talk with your doctor about other options.
	VARUBI	Talk with your doctor about other options.
	VIIBRYD	vilazodone
	VIMPAT SOLUTION & TABLET	lacosamide solution or tablet
	XURIDEN	Talk with your doctor about other options.
	XYREM	WAKIX
	zolpidem tart sl tablet	zolpidem tartrate tablet
	ZUPLENZ SOLUBLE FILM	ondansetron odt, solution or tablet, granisetron tablet

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

CIGNA PATHWELL SPECIALTY℠ DRUG LIST

These specialty medications aren't covered on the Cigna Pathwell Specialty Drug List.[3] **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 to consider approving coverage of the non-covered medication.

MEDICATION NAME[3] (not covered)	PREFERRED MEDICATION(S)
ASCENIV* BIVIGAM* GAMMAGARD LIQUID* GAMMAGARD S/D* PANZYGA*	FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN*
AVASTIN* ALYMSYS*	MVASI*, ZIRABEV*
BERINERT* RUCONEST* KALBITOR*	icatibant
CUVITRU* HYQVIA*	CUTAQUIG*, HIZENTRA*, GAMUNEX-C*, GAMMAKED*, XEMBIFY*
DDAVP	desmopressin acetate
ERWINASE RYLAZE	ASPARLAS, ONCASPAR
FLYNETRA* FULPHILA* UDENYCA*	NEULASTA*, NYVEPRIA*, ZIEXTENZO*
GEL-ONE GENVISC HYALGAN HYMOVIS MONOVISC ORTHOVISC SYNOJOYNT SYNVISC SUPARTZ FX TRILURON TRIVISC VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3
GRANIX NEUPOGEN RELEUKO	NIVESTYM, ZARXIO

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 an in-network specialty pharmacy, for it to be covered. To find an in-network provider near you, go to **Cigna.com/pathwellspecialty**.

CIGNA PATHWELL SPECIALTY℠ DRUG LIST *(cont'd)*

MEDICATION NAME[3] (not covered)	PREFERRED MEDICATION(S)
HERCEPTIN* HERCEPTIN HYLECTA* HERZUMA* OGIVRI* ONTRUZANT*	KANJINTI*, TRAZIMERA*
INFUGEM	gemcitabine (generic GEMZAR)
LEMTRADA*	AVONEX, dimethyl fumarate, glatiramer acetate, glatopa, OCREVUS*
LEQVIO*	REPATHA
MAKENA*	hydroxyprogesterone caproate*
ORENCIA IV*	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
REMICADE* RENFLEXIS*	AVSOLA*, INFLECTRA*
REMODULIN*	treprostinil*
REVATIO	sildenafil
RITUXAN* RITUXAN HYCELA*	RIABNI*, RUXIENCE*, TRUXIMA*
SANDOSTATIN LAR DEPOT* SIGNIFOR LAR*	SOMATULINE DEPOT*
SAPHNELO*	BENLYSTA*
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*
VYEPTI*	AIMOVIG, AJOVY, EMGALITY

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 an in-network specialty pharmacy, for it to be covered. To find an in-network provider near you, go to **Cigna.com/pathwellspecialty**.

Questions?

Call the number on your Cigna ID card, 24/7/365.

1. State laws in **Connecticut**, **Louisiana**, **New York**, and **Texas** and 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 wants you to continue using this medication, ask your doctor's office to contact Cigna to start the coverage review (prior authorization) process, or to appeal the denial of coverage. They know how the process works and will take care of everything for you. If you don't get approval by the date the change takes place 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.

Medical insurance policies/service agreements contain exclusions and limitations. 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

Cigna reserves the right to make changes to this 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.

If you need language assistance, or have a disability, please call us at 866.494.2111 (For TTY services, dial 711). Accommodations are available and provided at no cost to you.

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

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