

Medication Coverage Changes

2024

These are the medication coverage changes Cigna HealthcareSM is making in 2024.¹ Medications are listed alphabetically by drug list name. Use the chart below to find what page your drug list is on.

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

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2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---|------------------------------------|--|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX HFA/TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | INSULIN GLARGINE YFGN [SEMGLEE-YFGN], VL, PEN | Diabetes | This medication will be a preferred brand (Tier 2). |
| January 1st | INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL) | Diabetes | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | OGIVRI | Cancer | This will be a preferred medication under the Cigna Healthcare medical benefit . ² |
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | UDENYCA | Blood Modifiers/Bleeding Disorders | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|------------------------------------|---|
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | TOBRAMYCIN PAK 300 MG/5 ML ³ | Infections | tobramycin inhalation ampules |
| January 1st | ZIEXTENZO ³ | Blood Modifiers/Bleeding Disorders | <ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA |

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

2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|----------------------------------|------------|---|
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives⁶

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|---|
| January 1st | ACULAR 0.5% | Eye Conditions | ketorolac eye drops |
| January 1st | ACULAR LS 0.4% | Eye Conditions | ketorolac eye drops |
| January 1st | ADCIRCA ⁷ | ASTHMA/COPD/RESPIRATORY | tadalafil 20mg tablet, alyq |
| January 1st | ALDACTONE | Diuretics | spironolactone |
| January 1st | ALOCRIIL 2% | Eye Conditions | cromolyn eye drops |
| January 1st | ALOMIDE 0.1% | Eye Conditions | cromolyn eye drops |
| January 1st | AMJEVITA ⁷ (Biosimilar to HUMIRA)) | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC <i>**This medication was taken off the drug list on 9/1/23**</i> |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | hydrocortisone pramoxine 2.5%-1% |
| January 1st | AVAR-E | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AVAR-E GREEN | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AZOPT 1% DROPS | Eye Conditions | brinzolamide drops |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | sulfasalazine, sulfasalazine dr |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment |
| January 1st | BEPREVE 1.5% | Eye Conditions | bepotastine eye drops |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | sotalol af |
| January 1st | BETIMOL 0.25% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |

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

2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|--|
| January 1st | BETIMOL 0.5% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BEVESPI AEROSPHERE | Asthma/COPD/Respiratory | ANORO ELLIPTA, STIOLTO RESPIMAT |
| January 1st | BROMFED DM | Cold and Cough Medications | bromphenamine-pseudoephedrine-dextromethorphan |
| January 1st | CARNITOR | Nutritional/Dietary | levocarnitine |
| January 1st | CARNITOR SF | Nutritional/Dietary | levocarnitine SF |
| January 1st | CELEXA ⁷ | Anxiety/Depression/Bipolar Disorder | citalopram |
| January 1st | CILOXAN 0.3% OINTMENT | Eye Conditions | erythromycin, gentak, gentamicin eye ointments |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | ciprofloxacin drops |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | clindamycin 2% vaginal cream |
| January 1st | CLINDESSE | Infections | clindamycin 2% vaginal cream |
| January 1st | CLOZARIL ⁷ | Schizophrenia/Anti-Psychotics | clozapine |
| January 1st | CORGARD ⁷ | Blood Pressure/Heart Medications | nadolol |
| January 1st | COSOPT DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | COSOPT PF DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | DELESTROGEN | Hormonal Agents | estradiol valerate |
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |
| January 1st | DICLOFENAC EPOLAMINE 1.3% ⁷ (Authorized Generic for FLECTOR) | Pain Relief and Inflammatory Disease | FLECTOR |
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | difluprednate drops |
| January 1st | DUTOPROL ⁷ | Blood Pressure/Heart Medications | metoprolol-hctz |
| January 1st | EFFEXOR XR ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | EXFORGE | Blood Pressure/Heart Medications | amlodipine-valsartan |
| January 1st | EXFORGE HCT | Blood Pressure/Heart Medications | amlodipine-valsartan-hctz |
| January 1st | FIORICET | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET WITH CODEINE ⁷ | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine-codeine |
| January 1st | FLOVENT DISKUS | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLOVENT HFA | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLUTICASONE-SALMETEROL | Asthma/COPD/Respiratory | DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol |
| January 1st | FML FORTE 0.25% EYE DROPS | Eye Conditions | fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac |
| January 1st | FML LIQUIFILM 0.1% DROPS | Eye Conditions | fluorometholone drops |

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2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--|--|
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | propranolol solution |
| January 1st | HUMALOG (U-100 VIAL) | Diabetes | HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV |
| January 1st | HUMATROPE ⁷ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | INDERAL LA ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INDERAL XL ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INTUNIV | Attention Deficit Hyperactivity Disorder | guanfacine er |
| January 1st | IOPIDINE 1% DROPS | Eye Conditions | apraclonidine, brimonidone drops |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | KAPSPARGO SPRINKLE ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | clonidine er |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | hydroxyzine, cyproheptadine |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | NORLIQVA, amlodipine |
| January 1st | KEVEYIS ⁷ | Miscellaneous | dichlorphenamide |
| January 1st | LASIX | Diuretics | furosemide |
| January 1st | LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI)) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | LESCOL XL ⁷ | Cholesterol Medications | fluvastatin er |
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH | Diabetes | TRESIBA, SEMGLEE, INSULIN GLARGINE YFGN |
| January 1st | LITHOBID ⁸ | Anxiety/Depression/Bipolar Disorder | lithium carbonate, lithium carbonate er |
| January 1st | LIVALO ⁷ | Cholesterol Medications | pitavastatin, atorvastatin, simvastatin, rosuvastatin |
| January 1st | LOPRESSOR ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | loteprednol etabonate drops |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | loteprednol ophthalmic gel |
| January 1st | LOVAZA | Cholesterol Medications | omega-3 acid ethyl esters |
| January 1st | LUNESTA ⁷ | Sleep Disorders/Sedatives | eszopiclone |
| January 1st | MAVYRET ⁸ | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAXIDEX 0.1% EYE DROPS | Eye Conditions | dexamethasone drops |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | neomycin-polymyxin-dexamethasone drops |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | neomycin-polymyxin-dexamethasone eye ointment |
| January 1st | METROGEL | Infections | metronidazole 0.75% vaginal gel |

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2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|-------------------------------------|---|
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | phenelzine |
| January 1st | NEORAL | Transplant Medications | cyclosporine modified, gengraf |
| January 1st | NEVANAC 0.1% | Eye Conditions | bromfenac, diclofenac, ketorolac, prednisolone |
| January 1st | NORDITROPIN ⁸ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | desipramine |
| January 1st | NOXAFIL SUSPENSION | Infections | posaconazole |
| January 1st | NUVESSA | Infections | metronidazole 0.75% vaginal gel |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | ofloxacin eye drops |
| January 1st | PATANOL 0.1% | Eye Conditions | olopatadine eye drops |
| January 1st | PAXIL ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine |
| January 1st | PAXIL CR ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes | BD PEN NEEDLES |
| January 1st | POLYTRIM DROPS | Eye Conditions | polymyxin-b-tmp eye drops |
| January 1st | PRADAXA 110MG CAPSULES ⁸ | Blood Thinners/Anti-Clotting | dabigatran etexilate mesylate, ELIQUIS, XARELTO |
| January 1st | PRAVACHOL ⁷ | Cholesterol Medications | pravastatin |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | prednisolone drops |
| January 1st | PRED-G 1% EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | PRED MILD 0.12% EYE DROPS | Eye Conditions | prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate |
| January 1st | PRISTIQ ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |
| January 1st | PROZAC ⁷ | Anxiety/Depression/Bipolar Disorder | fluoxetine |
| January 1st | PULMICORT FLEXHALER | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | QBRELIS | Blood Pressure/Heart Medications | enalapril solution, lisinopril |
| January 1st | RANEXA | Blood Pressure/Heart Medications | ranolazine er |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | mirtazapine |
| January 1st | REVELA | Nutritional/Dietary | sevelamer carbonate |
| January 1st | REVIATIO (ORAL SUSPENSION AND TABLET) ⁷ | Asthma/COPD/Respiratory | sildenafil tablet or oral suspension |
| January 1st | ROZEREM ⁷ | Sleep Disorders/Sedatives | ramelteon |
| January 1st | SAMSCA | Diuretics | tolvaptan |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | cyclosporine |
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | STRIVERDI RESPIMAT |

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2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--|--|
| January 1st | SILENOR ⁷ | Sleep Disorders/Sedatives | doxepin |
| January 1st | SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPDUSA) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SOLOSEC | Infections | metronidazole, clindamycin, tinidazole |
| January 1st | STRATTERA | Attention Deficit Hyperactivity Disorder | atomoxetine |
| January 1st | SYMBICORT | Asthma/COPD/Respiratory | BUDESONIDE/FORMOTEROL |
| January 1st | SYMBYAX | Schizophrenia/Anti-Psychotics | olanzapine/fluoxetine |
| January 1st | SYNERA | Hormonal Agents | lidocaine-prilocaine, lidocaine patch |
| January 1st | SYNAREL NASAL SPRAY ⁸ | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | TENORETIC ⁷ | Blood Pressure/Heart Medications | atenolol-chlorthalidone |
| January 1st | TENORMIN ⁷ | Blood Pressure/Heart Medications | atenolol |
| January 1st | TERIPARATIDE ⁷ | Osteoporosis Products | FORTEO, TYMLOS |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | TOBREX 0.3% DROPS | Eye Conditions | tobramycin drops |
| January 1st | TOBREX 0.3% EYE OINTMENT | Eye Conditions | erythromycin, gentak, gentamicin eye ointments |
| January 1st | TOPROL XL ⁷ | Blood Pressure/Heart Medications | metoprolol succinate |
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | dorzolamide drops |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | moxifloxacin drops |
| January 1st | VOLTAREN 1% GEL ⁷ | Pain Relief and Inflammatory Disease | diclofenac sodium 1% gel |
| January 1st | WELCHOL | Cholesterol Medications | colesevelam |
| January 1st | WELLBUTRIN SR ⁷ | Anxiety/Depression/Bipolar Disorder | bupropion sr |
| January 1st | ZIAC ⁷ | Blood Pressure/Heart Medications | bisoprolol-hctz |
| January 1st | ZOCOR ⁷ | Cholesterol Medications | simvastatin |
| January 1st | ZOLOFT ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | gatifloxacin drops |

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

2024 Medication Coverage Changes

Cigna Healthcare Standard Prescription Drug List (Cont.)

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | anticoag sodium citrate 4% syr | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

Cigna Healthcare Performance Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---|----------------------------------|--|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX HFA/TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | INSULIN GLARGINE YFGN [SEMGLEE-YFGN], VL, PEN | Diabetes | This medication will be a preferred brand (Tier 2). |
| January 1st | INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL) | Diabetes | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | OGIVRI | Cancer | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

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

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will be preferred/covered on a lower tier or are being added to the drug list (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-----------------------------|------------------------------------|--|
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | UDENYCA | Blood Modifiers/Bleeding Disorders | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|---|
| January 1st | ARGATROBAN 250 MG/2.5 ML VIAL ³ | Blood Thinners/Anti-Clotting | Talk with your doctor about other options. |
| January 1st | BORTEZOMIB 3.5 MG IV VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL |
| January 1st | cisplatin 50mg vial ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 1GM/5ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 2GM/10ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 500GM/2.5ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GANCICLOVIR 500 GM/250 ML VIAL ³ | Infections | Talk with your doctor about other options. |
| January 1st | GEL-ONE 30 MG/3 ML SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | GEMCITABINE HCL 1 GRAM/10 ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE HCL 1.5 GRAM/15 ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE HCL 2 GRAM/20 ML ³ | Pain Relief and Inflammatory Disease | Talk with your doctor about other options. |
| January 1st | GEMCITABINE HCL 200 GRAM/2 VL ³ | Pain Relief and Inflammatory Disease | Talk with your doctor about other options. |

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2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will be non-preferred/covered on a higher tier (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|---|
| January 1st | GENVISC 850 25 MG/2.5 ML SYR ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | PARICALCITOL 10 MCG/2 ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PARICALCITOL 2 MCG/ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PARICALCITOL 5 MCG/ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PROVISC 10 MG/ML DISP SYRINGE ³ | Eye Conditions | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | SUPARTZ FX 25 MG/2.5 ML SYR ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | TENIPOSIDE 50 MG/5 ML AMPULE ³ | Cancer | Talk with your doctor about other options. |
| January 1st | TOBRAMYCIN PAK 300 MG/5 ML ³ | Infections | tobramycin inhalation ampules |
| January 1st | TRIVISC 25 MG/2.5 ML SYR ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | VISCO-3 25 MG/2.5 ML SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | ZIEXTENZO ³ | Blood Modifiers/Bleeding Disorders | <ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA |
| January 1st | ZOLEDRONIC ACID 4 MG/100 ML ³ | Osteoporosis Products | 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.

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|----------------------------------|------------|---|
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives⁶

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|---|
| January 1st | ACULAR 0.5% | Eye Conditions | ketorolac eye drops |
| January 1st | ACULAR LS 0.4% | Eye Conditions | ketorolac eye drops |
| January 1st | ADCIRCA ⁷ | ASTHMA/COPD/RESPIRATORY | tadalafil 20mg tablet, alyq |
| January 1st | ALDACTONE | Diuretics | spironolactone |
| January 1st | ALOCRIL 2% | Eye Conditions | cromolyn eye drops |
| January 1st | ALOMIDE 0.1% | Eye Conditions | cromolyn eye drops |
| January 1st | AMJEVITA ⁷ (Biosimilar to Humira) | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC <i>**This medication was taken off the drug list on 9/1/23**</i> |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | hydrocortisone pramoxine 2.5%-1% |
| January 1st | AVAR-E | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AVAR-E GREEN | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AZOPT 1% DROPS | Eye Conditions | brinzolamide drops |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | sulfasalazine, sulfasalazine dr |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment |
| January 1st | BEPREVE 1.5% | Eye Conditions | bepotastine eye drops |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | sotalol af |
| January 1st | BETIMOL 0.25% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |

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

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|--|
| January 1st | BETIMOL 0.5% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BEVESPI AEROSPHERE | Asthma/COPD/Respiratory | ANORO ELLIPTA, STIOLTO RESPIMAT |
| January 1st | BROMFED DM | Cold and Cough Medications | bromphenamine-pseudoephedrine-dextromethorphan |
| January 1st | CARNITOR | Nutritional/Dietary | levocarnitine |
| January 1st | CARNITOR SF | Nutritional/Dietary | levocarnitine SF |
| January 1st | CELEXA ⁷ | Anxiety/Depression/Bipolar Disorder | citalopram |
| January 1st | CILOXAN 0.3% OINTMENT | Eye Conditions | erythromycin, gentak, gentamicin eye ointments |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | ciprofloxacin drops |
| January 1st | CINQAIR ⁷ | Asthma/COPD/Respiratory | TEZSPIRE, DUPIXENT, FASENRA, NUCALA, XOLAIR |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | clindamycin 2% vaginal cream |
| January 1st | CLINDESSE | Infections | clindamycin 2% vaginal cream |
| January 1st | CLOZARIL ⁷ | Schizophrenia/Anti-Psychotics | clozapine |
| January 1st | CORGARD ⁷ | Blood Pressure/Heart Medications | nadolol |
| January 1st | COSOPT DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | COSOPT PF DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | DELESTROGEN | Hormonal Agents | estradiol valerate |
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |
| January 1st | DICLOFENAC EPOLAMINE 1.3% ⁷ (Authorized Generic for FLECTOR) | Pain Relief and Inflammatory Disease | FLECTOR |
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | difluprednate drops |
| January 1st | DUTOPROL ⁷ | Blood Pressure/Heart Medications | metoprolol-hctz |
| January 1st | EFFEXOR XR ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | EXFORGE | Blood Pressure/Heart Medications | amlodipine-valsartan |
| January 1st | EXFORGE HCT | Blood Pressure/Heart Medications | amlodipine-valsartan-hctz |
| January 1st | FIORICET | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET WITH CODEINE ⁷ | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine-codeine |
| January 1st | FLOVENT DISKUS | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLOVENT HFA | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLUTICASONE-SALMETEROL | Asthma/COPD/Respiratory | DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol |
| January 1st | FML FORTE 0.25% EYE DROPS | Eye Conditions | fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac |

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

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|--|
| January 1st | FML LIQUIFILM 0.1% DROP | Eye Conditions | fluorometholone drops |
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | propranolol solution |
| January 1st | HUMALOG (U-100 VIAL) | Diabetes | HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV |
| January 1st | HUMATROPE ⁷ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | INDERAL LA ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INDERAL XL ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INTUNIV | Attention Deficit Hyperactivity Disorder | guanfacine er |
| January 1st | IOPIDINE 1% DROPS | Eye Conditions | apraclonidine drops |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | KAPSPARGO SPRINKLE ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | clonidine er |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | hydroxyzine, cyproheptadine |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | NORLIQVA, amlodipine |
| January 1st | KEVEYIS ⁷ | Miscellaneous | dichlorphenamide |
| January 1st | LASIX | Diuretics | furosemide |
| January 1st | LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | LESCOL XL ⁷ | Cholesterol Medications | fluvastatin er |
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH | Diabetes | TRESIBA, SEMGLEE, INSULIN GLARGINE YFGN |
| January 1st | LITHOBID ⁸ | Anxiety/Depression/Bipolar Disorder | lithium carbonate, lithium carbonate er |
| January 1st | LIVALO ⁷ | Cholesterol Medications | pitavastatin, atorvastatin, simvastatin, rosuvastatin |
| January 1st | LOPRESSOR ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | loteprednol etabonate drops |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | loteprednol ophthalmic gel |
| January 1st | LOVAZA | Cholesterol Medications | omega-3 acid ethyl esters |
| January 1st | LUNESTA ⁷ | Sleep Disorders/Sedatives | eszopiclone |
| January 1st | MAVYRET ⁸ | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAXIDEX 0.1% EYE DROPS | Eye Conditions | dexamethasone drops |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | neomycin-polymyxin-dexamethasone drops |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | neomycin-polymyxin-dexamethasone eye ointment |
| January 1st | METROGEL | Skin Conditions | metronidazole 0.75% vaginal gel |

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

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|---|
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | phenelzine |
| January 1st | NEORAL | Transplant Medications | cyclosporine modified, gengraf |
| January 1st | NEVANAC 0.1% | Eye Conditions | bromfenac, diclofenac, ketorolac, prednisolone |
| January 1st | NORDITROPIN ⁸ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | desipramine |
| January 1st | NOXAFIL SUSPENSION | Infections | posaconazole |
| January 1st | NUVESSA | Infections | metronidazole 0.75% vaginal gel |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | ofloxacin eye drops |
| January 1st | PATANOL 0.1% | Eye Conditions | olopatadine eye drops |
| January 1st | PAXIL ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine |
| January 1st | PAXIL CR ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes Supplies | BD PEN NEEDLES |
| January 1st | POLYTRIM DROPS | Eye Conditions | POLYMYXIN B-TMP EYE DROPS |
| January 1st | PRADAXA 110MG CAPSULES ⁸ | Pain Relief and Inflammatory Disease | dabigatran etexilate mesylate, ELIQUIS, XARELTO |
| January 1st | PRAVACHOL ⁷ | Cholesterol Medications | pravastatin |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | prednisolone drops |
| January 1st | PRED-G 1% EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | PRED MILD 0.12% EYE DROPS | Eye Conditions | prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate |
| January 1st | PRISTIQ ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |
| January 1st | PROZAC ⁷ | Anxiety/Depression/Bipolar Disorder | fluoxetine |
| January 1st | PULMICORT FLEXHALER | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | QBRELIS | Blood Pressure/Heart Medications | enalapril solution, lisinopril |
| January 1st | RANEXA | Blood Pressure/Heart Medications | ranolazine er |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | mirtazapine |
| January 1st | REVELA | Nutritional/Dietary | sevelamer carbonate |
| January 1st | REVIATIO (ORAL SUSPENSION AND TABLET) ⁷ | Asthma/COPD/Respiratory | sildenafil tablet or oral suspension |
| January 1st | ROZEREM ⁷ | Sleep Disorders/Sedatives | ramelteon |
| January 1st | SAMSCA | Diuretics | tolvaptan |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | cyclosporine |
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | STRIVERDI RESPIMAT |

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

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|--|
| January 1st | SILENOR ⁷ | Sleep Disorders/Sedatives | doxepin |
| January 1st | SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SOLOSEC | Infections | metronidazole, clindamycin, tinidazole |
| January 1st | STRATTERA | Attention Deficit Hyperactivity Disorder | atomoxetine |
| January 1st | SYMBICORT | Asthma/COPD/Respiratory | BUDESONIDE/FORMOTEROL |
| January 1st | SYMBYAX | Schizophrenia/Anti-Psychotics | olanzapine/fluoxetine |
| January 1st | SYNERA | Hormonal Agents | lidocaine-prilocaine, lidocaine patch |
| January 1st | SYNAREL NASAL SPRAY ⁸ | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | TENORETIC ⁷ | Blood Pressure/Heart Medications | atenolol-chlorthalidone |
| January 1st | TENORMIN ⁷ | Blood Pressure/Heart Medications | atenolol |
| January 1st | TERIPARATIDE ⁷ | Osteoporosis Products | FORTEO, TYMLOS |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| January 1st | TOBEX 0.3% EYE OINTMENT | Eye Conditions | erythromycin, gentak, gentamicin eye ointments |
| January 1st | TOPROL XL ⁷ | Blood Pressure/Heart Medications | metoprolol succinate |
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | dorzolamide drops |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | moxifloxacin drops |
| January 1st | VOLTAREN 1% GEL ⁷ | Pain Relief and Inflammatory Disease | diclofenac sodium 1% gel |
| January 1st | WELCHOL | Cholesterol Medications | colesevelam |
| January 1st | WELLBUTRIN SR ⁷ | Anxiety/Depression/Bipolar Disorder | bupropion sr |
| January 1st | ZIAC ⁷ | Blood Pressure/Heart Medications | bisoprolol-hctz |
| January 1st | ZOCOR ⁷ | Cholesterol Medications | simvastatin |
| January 1st | ZOLOFT ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | gatifloxacin drops |

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

2024 Medication Coverage Changes

Cigna Healthcare Performance Prescription Drug List (Cont.)

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | anticoag sodium citrate 4% syr | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

Cigna Healthcare Value Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-----------------------------|------------------------------------|--|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX HFA/TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | AZASITE 1% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | UDENYCA | Blood Modifiers/Bleeding Disorders | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

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

2024 Medication Coverage Changes

Cigna Healthcare Value Prescription Drug List (Cont.)

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|------------------------------------|---|
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | TOBRAMYCIN PAK 300 MG/5 ML ³ | Infections | tobramycin inhalation ampules |
| January 1st | ZIEXTENZO ³ | Blood Modifiers/Bleeding Disorders | <ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA |

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|----------------------------------|------------|---|
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

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

2024 Medication Coverage Changes

Cigna Healthcare Value Prescription Drug List (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives⁶

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|---|
| January 1st | ACULAR 0.5% | Eye Conditions | ketorolac eye drops |
| January 1st | ACULAR LS 0.4% | Eye Conditions | ketorolac eye drops |
| January 1st | ADCIRCA ⁷ | ASTHMA/COPD/RESPIRATORY | tadalafil 20mg tablet, alyq |
| January 1st | ALDACTONE | Diuretics | spironolactone |
| January 1st | AMJEVITA ⁷ (Biosimilar to HUMIRA) | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC, HADLIMA HADLIMA HC <i>**This medication was taken off the drug list on 9/1/23**</i> |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | hydrocortisone pramoxine 2.5%-1% |
| January 1st | AVAR-E | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AVAR-E GREEN | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AZOPT 1% DROPS | Eye Conditions | brinzolamide drops |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | sulfasalazine, sulfasalazine dr |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | sotalol af |
| January 1st | BETIMOL 0.25% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BETIMOL 0.5% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BROMFED DM | Cold and Cough Medications | brompheniramine-pseudoephedrine-dextromethorphan |
| January 1st | CARNITOR | Nutritional/Dietary | levocarnitine |
| January 1st | CARNITOR SF | Nutritional/Dietary | levocarnitine SF |
| January 1st | CELEXA ⁷ | Anxiety/Depression/Bipolar Disorder | citalopram |
| January 1st | CILOXAN 0.3% OINTMENT | Eye Conditions | erythromycin, gentak, gentamicin eye ointment |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | ciprofloxacin drops |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | clindamycin 2% vaginal cream |
| January 1st | CLINDESSE | Infections | clindamycin 2% vaginal cream |
| January 1st | CLOZARIL ⁷ | Schizophrenia/Anti-Psychotics | clozapine |
| January 1st | CORGARD ⁷ | Blood Pressure/Heart Medications | nadolol |
| January 1st | COSOPT DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | COSOPT PF DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | DELESTROGEN | Hormonal Agents | estradiol valerate |
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | difluprednate drops |

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

2024 Medication Coverage Changes

Cigna Healthcare Value Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|--|
| January 1st | DUTOPROL ⁷ | Blood Pressure/Heart Medications | metoprolol-hctz |
| January 1st | EFFEXOR XR ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET WITH CODEINE ⁷ | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine-codeine |
| January 1st | FLOVENT DISKUS | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLOVENT HFA | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLUTICASONE-SALMETEROL | Asthma/COPD/Respiratory | DULERA, WIXELA, fluticasone-salmeterol, BUDESONIDE-FORMOTEROL |
| January 1st | FML FORTE 0.25% EYE DROPS | Eye Conditions | fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac |
| January 1st | FML LIQUIFILM 0.1% DROPS | Eye Conditions | fluorometholone drops |
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | propranolol solution |
| January 1st | HUMALOG (U-100 VIAL) | Diabetes | HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV |
| January 1st | HUMATROPE ⁷ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | INDERAL LA ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INDERAL XL ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INSULIN LISPRO, JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX | Diabetes | HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV |
| January 1st | INTUNIV | Attention Deficit Hyperactivity Disorder | guanfacine er |
| January 1st | IOPIDINE 1% DROPS | Eye Conditions | apraclonidine drops, brimonidine drops |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | KAPSPARGO SPRINKLE ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | clonidine er |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | hydroxyzine, cyproheptadine |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | NORLIQVA, amlodipine |
| January 1st | KEVEYIS ⁷ | Miscellaneous | dichlorphenamide |
| January 1st | LASIX | Diuretics | furosemide |
| January 1st | LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH | Diabetes | BASAGLAR, REZVOGLAR, TRESIBA |
| January 1st | LITHOBID ⁸ | Anxiety/Depression/Bipolar Disorder | lithium carbonate, lithium carbonate er |
| January 1st | LOPRESSOR ⁷ | Blood Pressure/Heart Medications | metoprolol |

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

2024 Medication Coverage Changes

Cigna Healthcare Value Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|-------------------------------------|---|
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | loteprednol etabonate drops |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | loteprednol ophthalmic gel |
| January 1st | LOVAZA | Cholesterol Medications | omega-3 acid ethyl esters |
| January 1st | LUNESTA ⁷ | Sleep Disorders/Sedatives | eszopiclone |
| January 1st | MAVYRET ⁸ | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAXIDEX 0.1% EYE DROPS | Eye Conditions | dexamethasone drops |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | neomycin-polymyxin-dexamethasone drops |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | neomycin-polymyxin-dexamethasone eye ointment |
| January 1st | METROGEL | Skin Conditions | metronidazole 0.75% vaginal gel |
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | phenelzine |
| January 1st | NEORAL | Transplant Medications | cyclosporine modified, gengraf |
| January 1st | NEVANAC 0.1% | Eye Conditions | bromfenac, diclofenac, ketorolac, prednisolone |
| January 1st | NORDITROPIN ⁸ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | desipramine |
| January 1st | NOXAFIL SUSPENSION | Infections | posaconazole |
| January 1st | NUVESSA | Infections | metronidazole 0.75% vaginal gel |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | ofloxacin eye drops |
| January 1st | PAXIL ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine |
| January 1st | PAXIL CR ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes Supplies | BD PEN NEEDLES |
| January 1st | POLYTRIM DROPS | Eye Conditions | polymyxin-b-tmp eye drops |
| January 1st | PRADAXA 110MG CAPSULES ⁸ | Blood Thinners/ Anti-Clotting | dabigatran etexilate mesylate, ELIQUIS, XARELTO |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | prednisolone drops |
| January 1st | PRED-G 1% EYE DROPS | Eye Conditions | prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate |
| January 1st | PRED MILD 0.12% EYE DROPS | Eye Conditions | prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate |
| January 1st | PROZAC ⁷ | Anxiety/Depression/Bipolar Disorder | fluoxetine |
| January 1st | QBRELIS | Blood Pressure/Heart Medications | enalapril solution, lisinopril |
| January 1st | RANEXA | Blood Pressure/Heart Medications | ranolazine er |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | mirtazapine |
| January 1st | REVELA | Nutritional/Dietary | sevelamer carbonate |

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

2024 Medication Coverage Changes

Cigna Healthcare Value Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|--|
| January 1st | REVATIO (ORAL SUSPENSION AND TABLET) ⁷ | Asthma/COPD/Respiratory | sildenafil tablet or oral suspension |
| January 1st | ROZEREM ⁷ | Sleep Disorders/Sedatives | ramelteon |
| January 1st | SAMSCA | Diuretics | tolvaptan |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | cyclosporine |
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | STRIVERDI RESPIMAT |
| January 1st | SILENOR ⁷ | Sleep Disorders/Sedatives | doxepin |
| January 1st | SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SOLOSEC | Infections | metronidazole, clindamycin, tinidazole |
| January 1st | STRATTERA | Attention Deficit Hyperactivity Disorder | atomoxetine |
| January 1st | SYMBICORT | Asthma/COPD/Respiratory | BUDESONIDE-FORMOTEROL |
| January 1st | SYMBYAX | Schizophrenia/Anti-Psychotics | olanzapine/fluoxetine |
| January 1st | SYNERA | Hormonal Agents | lidocaine-prilocaine, lidocaine patch |
| January 1st | SYNAREL NASAL SPRAY ⁸ | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | TENORETIC ⁷ | Blood Pressure/Heart Medications | atenolol-chlorthalidone |
| January 1st | TENORMIN ⁷ | Blood Pressure/Heart Medications | atenolol |
| January 1st | TERIPARATIDE ⁷ | Osteoporosis Products | FORTEO, TYMLOS |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| January 1st | TOBEX 0.3% EYE OINTMENT | Eye Conditions | erythromycin, gentak, gentamicin eye ointments |
| January 1st | TOPROL XL ⁷ | Blood Pressure/Heart Medications | metoprolol succinate |
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | dorzolamide drops |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | moxifloxacin drops |
| January 1st | WELCHOL | Cholesterol Medications | colesevelam |
| January 1st | WELLBUTRIN SR ⁷ | Anxiety/Depression/Bipolar Disorder | bupropion sr |

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

2024 Medication Coverage Changes

Cigna Healthcare Value Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---------------------|-------------------------------------|---------------------------------------|
| January 1st | ZIAC ⁷ | Blood Pressure/Heart Medications | bisoprolol-hctz |
| January 1st | ZOLOFT ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | gatifloxacin drops |

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | anticoag sodium citrate 4% syr | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

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

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-----------------------------|------------------------------------|--|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX HFA/TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | AZASITE 1% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | OGIVRI | Cancer | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | UDENYCA | Blood Modifiers/Bleeding Disorders | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

Cigna Healthcare Advantage Prescription Drug List (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|------------------------------|---|
| January 1st | argatroban 250mg/2.5ml vial ³ | Blood Thinners/Anti-Clotting | Talk with your doctor about other options. |
| January 1st | bortezomib 3.5mg IV vial ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: <Drug name 1>, <Drug name 2>, <Drug name 3>, <Drug name 4>, <Drug name 5> |
| January 1st | cisplatin 50mg vial ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 1MG/5ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 2MG/10ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 500MG/2.5ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GANCICLOVIR 500MG/250ML BAG ³ | Infections | 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.

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List (Cont.)

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|---|
| January 1st | GEL-ONE 30MG/3ml SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | GEMCITABINE hcl 1MG/10ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE hcl 1.5MG/15ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE hcl 2MG/20ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE hcl 200MG/2ml VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GENVISC 850 25MG/2.5ML SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | PARICALCITOL 10MCG/2ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PARICALCITOL 2MCG/ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PARICALCITOL 5MCG/ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PROVISC 10MG/ML DISP SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | SUPARTZ FX 25MG/2.5ML SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | teniposide 50MG/5ML ampule ³ | Cancer | Talk with your doctor about other options. |
| January 1st | TOBRAMYCIN PAK 300MG/5ML ³ | Infections | tobramycin inhalation ampules |
| January 1st | TRIVISC 25MG/2.5ml SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | VISCO-3 25MG/2.5ml SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | ZIEXTENZO ³ | Blood Modifiers/Bleeding Disorders | <ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA |
| January 1st | zoledronic acid 4mg/100ml ³ | Osteoporosis Products | Talk with your doctor about other options. |

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|----------------------------------|------------|---|
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

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

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List (Cont.)

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives⁶

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|--|
| January 1st | ACULAR 0.5% | Eye Conditions | ketorolac eye drops |
| January 1st | ACULAR LS 0.4% | Eye Conditions | ketorolac eye drops |
| January 1st | ADCIRCA ⁷ | ASTHMA/COPD/RESPIRATORY | tadalafil 20mg tablet, alyq |
| January 1st | ALDACTONE | Diuretics | spironolactone |
| January 1st | AMJEVITA ⁷ (Biosimilar to HUMIRA) | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC <i>**This medication was taken off the drug list on 9/1/23**</i> |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | hydrocortisone pramoxine 2.5%-1% |
| January 1st | AVAR-E | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AVAR-E GREEN | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AZOPT 1% DROPS | Eye Conditions | brinzolamide drops |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | sulfasalazine, sulfasalazine dr |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | sotalol af |
| January 1st | BETIMOL 0.25% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BETIMOL 0.5% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BROMFED DM | Cold and Cough Medications | brompheniramine-pseudoephedrine-dextromethorphan |
| January 1st | CARNITOR | Nutritional/Dietary | levocarnitine |
| January 1st | CARNITOR SF | Nutritional/Dietary | levocarnitine SF |
| January 1st | CELEXA ⁷ | Anxiety/Depression/Bipolar Disorder | citalopram |
| January 1st | CILOXAN 0.3% OINTMENT | Eye Conditions | erythromycin, gentak, gentamycin eye ointments |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | ciprofloxacin drops |
| January 1st | CINQAIR ⁷ | Asthma/COPD/Respiratory | TEZSPIRE, DUPIXENT, FASENRA, NUCALA, XOLAIR |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | clindamycin 2% vaginal cream |
| January 1st | CLINDESSE | Infections | clindamycin 2% vaginal cream |
| January 1st | CLOZARIL ⁷ | Schizophrenia/Anti-Psychotics | clozapine |
| January 1st | CORGARD ⁷ | Blood Pressure/Heart Medications | nadalol |
| January 1st | COSOPT DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | COSOPT PF DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | DELESTROGEN | Hormonal Agents | estradiol valerate |
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |

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

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|--|
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | difluprednate drops |
| January 1st | DUTOPROL ⁷ | Blood Pressure/Heart Medications | metoprolol-hctz |
| January 1st | EFFEXOR XR ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET WITH CODEINE ⁷ | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine-codeine |
| January 1st | FLOVENT DISKUS | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLOVENT HFA | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLUTICASONE-SALMETEROL | Asthma/COPD/Respiratory | DULERA, WIXELA, fluticasone-salmeterol, budesonide-formoterol |
| January 1st | FML FORTE 0.25% EYE DROPS | Eye Conditions | fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac |
| January 1st | FML LIQUIFILM 0.1% DROPS | Eye Conditions | fluorometholone drops |
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | propranolol solution |
| January 1st | HUMALOG (U-100 VIAL) | Diabetes | HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV |
| January 1st | HUMATROPE ⁷ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | INDERAL LA ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INDERAL XL ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INTUNIV | Attention Deficit Hyperactivity Disorder | guanfacine er |
| January 1st | IOPIDINE 1% DROPS | Eye Conditions | apraclonidine drops, brimonidine drops |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | KAPSPARGO SPRINKLE ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | clonidine er |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | hydroxyzine, cyproheptadine |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | amlodipine |
| January 1st | KEVEYIS ⁷ | Miscellaneous | dichlorphenamide |
| January 1st | LASIX | Diuretics | furosemide |
| January 1st | LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH | Diabetes | BASAGLAR, REZVOGLAR, TRESIBA |
| January 1st | LITHOBID ⁸ | Anxiety/Depression/Bipolar Disorder | lithium carbonate, lithium carbonate er |
| January 1st | LOPRESSOR ⁷ | Blood Pressure/Heart Medications | metoprolol |

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

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERIC AND/OR PREFERRED MEDICATIONS |
|--------------------|--|-------------------------------------|---|
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | loteprednol etabonate drops |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | loteprednol ophthalmic gel |
| January 1st | LOVAZA | Cholesterol Medications | omega-3 acid ethyl esters |
| January 1st | LUNESTA ⁷ | Sleep Disorders/Sedatives | eszopiclone |
| January 1st | MAVYRET ⁸ | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAXIDEX 0.1% EYE DROPS | Eye Conditions | dexamethasone drops |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | neomycin-polymyxin-dexamethasone drops |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | neomycin-polymyxin-dexamethasone eye ointment |
| January 1st | METROGEL | Infections | metronidazole 0.75% vaginal gel |
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | phenelzine |
| January 1st | NEORAL | Transplant Medications | cyclosporine modified, gengraf |
| January 1st | NEVANAC 0.1% | Eye Conditions | bromfenac, diclofenac, ketorolac, prednisolone |
| January 1st | NORDITROPIN ⁸ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | desipramine |
| January 1st | NOXAFIL SUSPENSION | Infections | posaconazole |
| January 1st | NUVESSA | Infections | metronidazole 0.75% vaginal gel |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | ofloxacin eye drops |
| January 1st | PAXIL ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine |
| January 1st | PAXIL CR ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes Supplies | BD PEN NEEDLES |
| January 1st | POLYTRIM DROPS | Eye Conditions | polymyxin-b-tmp eye drops |
| January 1st | PRADAXA 110MG CAPSULES ⁸ | Blood Thinners/Anti-Clotting | dabigatran etexilate mesylate, ELIQUIS, XARELTO |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | prednisolone drops |
| January 1st | PRED-G 1% EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | PRED MILD 0.12% EYE DROPS | Eye Conditions | prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate |
| January 1st | PROZAC ⁷ | Anxiety/Depression/Bipolar Disorder | fluoxetine |
| January 1st | QBRELIS | Blood Pressure/Heart Medications | enalapril solution, lisinopril |
| January 1st | RANEXA | Blood Pressure/Heart Medications | ranolazine er |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | mirtazapine |
| January 1st | REVELA | Nutritional/Dietary | sevelamer carbonate |
| January 1st | REVIATIO (ORAL SUSPENSION AND TABLET) ⁷ | Asthma/COPD/Respiratory | sildenafil tablet or oral suspension |

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

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|--|
| January 1st | ROZEREM ⁷ | Sleep Disorders/Sedatives | ramelteon |
| January 1st | SAMSCA | Diuretics | tolvaptan |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | cyclosporine |
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | STRIVERDI RESPIMAT |
| January 1st | SILENOR ⁷ | Sleep Disorders/Sedatives | doxepin |
| January 1st | SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SOLOSEC | Infections | metronidazole, clindamycin, tinidazole |
| January 1st | STRATTERA | Attention Deficit Hyperactivity Disorder | atomoxetine |
| January 1st | SYMBICORT | Asthma/COPD/Respiratory | BUDESONIDE/FORMOTEROL |
| January 1st | SYMBYAX | Schizophrenia/Anti-Psychotics | olanzapine/fluoxetine |
| January 1st | SYNERA | Pain Relief and Inflammatory Disease | lidocaine-prilocaine, lidocaine patch |
| January 1st | SYNAREL NASAL SPRAY ⁸ | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | TENORETIC ⁷ | Blood Pressure/Heart Medications | atenolol-chlorthalidone |
| January 1st | TENORMIN ⁷ | Blood Pressure/Heart Medications | atenolol |
| January 1st | TERIPARATIDE ⁷ | Osteoporosis Products | FORTEO, TYMLOS |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | TOBEX 0.3% DROPS | Eye Conditions | tobramycin drops |
| January 1st | TOBEX 0.3% EYE OINTMENT | Eye Conditions | erythromycin, gentak, gentamycin eye ointments |
| January 1st | TOPROL XL ⁷ | Blood Pressure/Heart Medications | metoprolol succinate |
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | dorzolamide drops |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | moxifloxacin drops |
| January 1st | WELCHOL | Cholesterol Medications | colesevelam |
| January 1st | WELLBUTRIN SR ⁷ | Anxiety/Depression/Bipolar Disorder | bupropion sr |

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

2024 Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---------------------|-------------------------------------|---------------------------------------|
| January 1st | ZIAC ⁷ | Blood Pressure/Heart Medications | bisoprolol-hctz |
| January 1st | ZOLOFT ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | gatifloxacin drops |

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | anticoag sodium citrate 4% syr | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

Cigna Healthcare Legacy (Standard) Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---------------------------|-------------------------|---|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Standard) Prescription Drug List (Cont.)

Medications that will be preferred/covered on a lower tier or are being added to the drug list (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---|------------------------------------|--|
| January 1st | INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL) | Diabetes | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | UDENYCA | Blood Modifiers/Bleeding Disorders | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|---|
| January 1st | AMJEVITA ^{3,8} | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC |
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL |
| January 1st | HUMATROPE ^{3,7} | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | LEDIPASVIR/SOFOSBUVI ^{3,8} (Authorized Generic for HARVONI) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAVYRET ^{3,8} | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | NORDITROPIN ^{3,8} | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | SOFOSBUVIR/VELPATASVIR ^{3,8} (Authorized Generic for Epclusa) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SYNAREL NASAL SPRAY ^{3,8} | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | ZIEXTENZO ³ | Blood Modifiers/Bleeding Disorders | <ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Standard) Prescription Drug List (Cont.)

Medications that will be non-preferred/covered on a higher tier (Cont.)

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|-------------------------------------|---|
| January 1st | ACULAR 0.5% | Eye Conditions | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | ACULAR LS 0.4% | Eye Conditions | |
| January 1st | ALDACTONE | Diuretics | |
| January 1st | ALOCRIL 2% | Eye Conditions | |
| January 1st | ALOMIDE 0.1% ¹¹ | Eye Conditions | |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | |
| January 1st | AVAR-E ¹¹ | Skin Conditions | |
| January 1st | AVAR-E GREEN ¹¹ | Skin Conditions | |
| January 1st | AZOPT 1% DROPS | Eye Conditions | |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | |
| January 1st | BEPREVE 1.5% | Eye Conditions | |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | |
| January 1st | BETIMOL 0.25% DROPS ¹¹ | Eye Conditions | |
| January 1st | BETIMOL 0.5% DROPS ¹¹ | Eye Conditions | |
| January 1st | BEVESPI AEROSPHERE ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | BROMFED DM | Cold and Cough Medications | |
| January 1st | CARNITOR | Nutritional/Dietary | |
| January 1st | CARNITOR SF | Nutritional/Dietary | |
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | |
| January 1st | CELEXA ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | |
| January 1st | CILOXAN 0.3% OINTMENT ¹¹ | Eye Conditions | |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | |
| January 1st | CLOZARIL ⁸ | Schizophrenia/Anti-Psychotics | |
| January 1st | CORGARD ⁸ | Blood Pressure/Heart Medications | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Standard) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|--|--|---|
| January 1st | COSOPT DROPS | Eye Conditions | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | COSOPT PF DROPS | Eye Conditions | |
| January 1st | DELESTROGEN | Hormonal Agents | |
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | |
| January 1st | DUTOPROL ⁸ | Blood Pressure/Heart Medications | |
| January 1st | EFFEXOR XR ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | |
| January 1st | EXFORGE | Blood Pressure/Heart Medications | |
| January 1st | EXFORGE HCT | Blood Pressure/Heart Medications | |
| January 1st | FIORCET | Pain Relief and Inflammatory Disease | |
| January 1st | FLOVENT DISKUS ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | FLOVENT HFA ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | FLUTICASONE-SALMETEROL ¹¹ (Authorized Generic for AIRDUO RESPICLICK) | Asthma/COPD/Respiratory | |
| January 1st | FML FORTE 0.25% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | FML LIQUIFILM 0.1% DROP | Eye Conditions | |
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | |
| January 1st | HUMALOG (U-100 VIAL) ¹¹ | Diabetes | |
| January 1st | INDERAL LA ⁸ | Blood Pressure/Heart Medications | |
| January 1st | INDERAL XL ⁸ | Blood Pressure/Heart Medications | |
| January 1st | INTUNIV | Attention Deficit Hyperactivity Disorder | |
| January 1st | IOPIDINE 1% DROPS ¹¹ | Eye Conditions | |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | |
| January 1st | KAPSPARGO SPRINKLE ⁸ | Blood Pressure/Heart Medications | |
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | |
| January 1st | LASIX | Diuretics | |
| January 1st | LESCOL XL ⁸ | Cholesterol Medications | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Standard) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|--|-------------------------------------|---|
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH ¹¹ | Diabetes | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | LOPRESSOR ⁸ | Blood Pressure/Heart Medications | |
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | |
| January 1st | LOVAZA | Cholesterol Medications | |
| January 1st | LUNESTA ⁸ | Sleep Disorders/Sedatives | |
| January 1st | MAXIDEX 0.1% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | |
| January 1st | METROGEL | Infections | |
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | |
| January 1st | NEORAL | Transplant Medications | |
| January 1st | NEVANAC 0.1% | Eye Conditions | |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | |
| January 1st | NOXAFIL SUSPENSION | Infections | |
| January 1st | NUVESSA | Infections | |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | |
| January 1st | PATANOL 0.1% | Eye Conditions | |
| January 1st | PAXIL ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | PAXIL CR ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes Supplies | |
| January 1st | POLYTRIM DROPS | Eye Conditions | |
| January 1st | PRAVACHOL ⁸ | Cholesterol Medications | |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | |
| January 1st | PRED-G 1% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | PRED MILD 0.12% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | PRISTIQ ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | PROZAC ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | PULMICORT FLEXHALER ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | QBRELIS | Blood Pressure/Heart Medications | |
| January 1st | RANEXA | Blood Pressure/Heart Medications | |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Standard) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---------------------------------------|--|---|
| January 1st | REVELA | Nutritional/Dietary | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | ROZEREM ⁸ | Sleep Disorders/Sedatives | |
| January 1st | SAMSCA | Diuretics | |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | |
| January 1st | SILENOR ⁸ | Sleep Disorders/Sedatives | |
| January 1st | STRATTERA | Attention Deficit Hyperactivity Disorder | |
| January 1st | SYMBYAX | Anxiety/Depression/Bipolar Disorder | |
| January 1st | SYNERA | Hormonal Agents | |
| January 1st | TENORETIC ⁸ | Blood Pressure/Heart Medications | |
| January 1st | TENORMIN ⁸ | Blood Pressure/Heart Medications | |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | |
| January 1st | TOBEX 0.3% DROPS | Eye Conditions | |
| January 1st | TOBEX 0.3% EYE OINTMENT ¹¹ | Eye Conditions | |
| January 1st | TOPROL XL ⁸ | Blood Pressure/Heart Medications | |
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | |
| January 1st | WELCHOL | Cholesterol Medications | |
| January 1st | WELLBUTRIN SR ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | ZIAC ⁸ | Blood Pressure/Heart Medications | |
| January 1st | ZOCOR ⁸ | Cholesterol Medications | |
| January 1st | ZOLOFT ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Standard) Prescription Drug List (Cont.)

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

Medications that will need Step Therapy^{4,6}

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-----------------|-------------------------|--|
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | Your plan won't cover these medications until you try at least one alternative medication first. |
| January 1st | SYMBICORT | Asthma/COPD/Respiratory | |

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | ANTICOAG SODIUM CITRATE 4% SYR | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

Cigna Healthcare Legacy (Performance) Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---------------------------|-------------------------|---|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---|------------------------------------|--|
| January 1st | INSULIN LISPRO (HUMALOG), JUNIOR KWIKPEN, KWIKPEN U-100, PROTAMINE MIX, INSULIN LISPRO (HUMALOG) (U-100 VIAL) | Diabetes | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | OGIVRI | Cancer | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | UDENYCA | Blood Modifiers/Bleeding Disorders | This will be a preferred brand under the Cigna Healthcare pharmacy benefit and a preferred medication under the medical benefit . ² |

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--------------------------------------|---|
| January 1st | AMJEVITA ^{3,8} | Pain Relief and Inflammatory Disease | HUMIRA, CYLETZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC |
| January 1st | ARGATROBAN 250MG/2.5 ML VIAL ³ | Blood Thinners/Anti-Clotting | Talk with your doctor about other options. |
| January 1st | BORTEZOMIB 3.5MG IV VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: <Drug name 1>, <Drug name 2>, <Drug name 3>, <Drug name 4>, <Drug name 5> |
| January 1st | cisplatin 50mg vial ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 1 GM/5 ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 2 GM/10 ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | CYCLOPHOSPHAMIDE 500 MG/2.5 ML VIAL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GANCICLOVIR 500 MG/250 ML BAG ³ | Infections | Talk with your doctor about other options. |
| January 1st | GEL-ONE 30 MG/3 ML SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | GEMCITABINE HCL 1 GRAM/10 ML ³ | Cancer | 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.

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will be non-preferred/covered on a higher tier (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|---|
| January 1st | GEMCITABINE HCL 1.5 GRAM/15 ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE HCL 2 GRAM/20 ML ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GEMCITABINE HCL 200 MG/2 ML VL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | GENVISC 850 25 MG/2.5 ML SYR ³ | Cancer | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | HUMATROPE ^{3,7} | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | LEDIPASVIR/SOFOSBUVI ^{3,8} (Authorized Generic for HARVONI) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAVYRET ^{3,8} | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | NORDITROPIN ^{3,8} | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | PARICALCITOL 10 MCG/2 ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PARICALCITOL 2 MCG/ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PARICALCITOL 5 MCG/ML VIAL ³ | Hormonal Agents | Talk with your doctor about other options. |
| January 1st | PROVISC 10 MG/ML DISP SYRINGE ³ | Eye Conditions | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | SOFOSBUVIR/VELPATASVIR ^{3,8} (Authorized Generic for EPCLUSA) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SUPARTZ FX 25 MG/2.5 ML SYR ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | SYNAREL NASAL SPRAY ^{3,8} | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | TENIPOSIDE 50 MG/5 ML AMPUL ³ | Cancer | Talk with your doctor about other options. |
| January 1st | TRIVISC 25 MG/2.5 ML SYR ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | VISCO-3 25 MG/2.5 ML SYRINGE ³ | Pain Relief and Inflammatory Disease | DUROLANE, EUFLEXXA, GELSYN-3 |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | ZIEXTENZO ³ | Blood Modifiers/Bleeding Disorders | <ul style="list-style-type: none"> This will be a non-preferred brand under the Cigna Healthcare pharmacy benefit and a non-preferred medication under the medical benefit.² Consider these preferred options: UDENYCA, NYVEPRIA, NEULASTA |
| January 1st | ZOLEDRONIC ACID 4 MG/100 ML ³ | Osteoporosis Products | 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.

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|-------------------------------------|---|
| January 1st | ACULAR 0.5% | Eye Conditions | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | ACULAR LS 0.4% | Eye Conditions | |
| January 1st | ALDACTONE | Diuretics | |
| January 1st | ALOCRIL 2% | Eye Conditions | |
| January 1st | ALOMIDE 0.1% ¹¹ | Eye Conditions | |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | |
| January 1st | AVAR-E ¹¹ | Skin Conditions | |
| January 1st | AVAR-E GREEN ¹¹ | Skin Conditions | |
| January 1st | AZOPT 1% DROPS | Eye Conditions | |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | |
| January 1st | BEPREVE 1.5% | Eye Conditions | |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | |
| January 1st | BETIMOL 0.25% DROPS ¹¹ | Eye Conditions | |
| January 1st | BETIMOL 0.5% DROPS ¹¹ | Eye Conditions | |
| January 1st | BEVESPI AEROSPHERE ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | BROMFED DM | Cold and Cough Medications | |
| January 1st | CARNITOR | Nutritional/Dietary | |
| January 1st | CARNITOR SF | Nutritional/Dietary | |
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | |
| January 1st | CELEXA ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | |
| January 1st | CILOXAN 0.3% OINTMENT ¹¹ | Eye Conditions | |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | |
| January 1st | CLOZARIL ⁸ | Schizophrenia/Anti-Psychotics | |
| January 1st | CORGARD ⁸ | Blood Pressure/Heart Medications | |
| January 1st | COSOPT DROPS | Eye Conditions | |
| January 1st | COSOPT PF DROPS | Eye Conditions | |
| January 1st | DELESTROGEN | Hormonal Agents | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|--|--|---|
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | |
| January 1st | DUTOPROL ⁸ | Blood Pressure/Heart Medications | |
| January 1st | EFFEXOR XR ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | |
| January 1st | EXFORGE | Blood Pressure/Heart Medications | |
| January 1st | EXFORGE HCT | Blood Pressure/Heart Medications | |
| January 1st | FIORCET | Pain Relief and Inflammatory Disease | |
| January 1st | FLOVENT DISKUS ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | FLOVENT HFA ¹¹ | Asthma/COPD/Respiratory | |
| January 1st | FLUTICASONE-SALMETEROL ¹¹ (Authorized Generic for AIRDUO RESPICLICK) | Asthma/COPD/Respiratory | |
| January 1st | FML FORTE 0.25% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | FML LIQUIFILM 0.1% DROPS | Eye Conditions | |
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | |
| January 1st | HUMALOG (U-100 VIAL) ¹¹ | Diabetes | |
| January 1st | INDERAL LA ⁸ | Blood Pressure/Heart Medications | |
| January 1st | INDERAL XL ⁸ | Blood Pressure/Heart Medications | |
| January 1st | INTUNIV | Attention Deficit Hyperactivity Disorder | |
| January 1st | IOPIDINE 1% DROPS ¹¹ | Eye Conditions | |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | |
| January 1st | KAPSPARGO SPRINKLE ⁸ | Blood Pressure/Heart Medications | |
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | |
| January 1st | LASIX | Diuretics | |
| January 1st | LESCOL XL ⁸ | Cholesterol Medications | |
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH ¹¹ | Diabetes | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|--|-------------------------------------|---|
| January 1st | LOPRESSOR ⁸ | Blood Pressure/Heart Medications | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | |
| January 1st | LOVAZA | Cholesterol Medications | |
| January 1st | LUNESTA ⁸ | Sleep Disorders/Sedatives | |
| January 1st | MAXIDEX 0.1% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | |
| January 1st | METROGEL | Infections | |
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | |
| January 1st | NEORAL | Transplant Medications | |
| January 1st | NEVANAC 0.1% | Eye Conditions | |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | |
| January 1st | NOXAFIL SUSPENSION | Infections | |
| January 1st | NUVESSA | Infections | |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | |
| January 1st | PATANOL 0.1% | Eye Conditions | |
| January 1st | PAXIL ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | PAXIL CR ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes Supplies | |
| January 1st | POLYTRIM DROPS | Eye Conditions | |
| January 1st | PRAVACHOL ⁸ | Cholesterol Medications | |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | |
| January 1st | PRED-G 1% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | PRED MILD 0.12% EYE DROPS ¹¹ | Eye Conditions | |
| January 1st | PRISTIQ ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | PROZAC ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | PULMICORT FLEXHALER ¹¹ | Asthma/COPD/Respiratory | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will need approval before they can be covered⁴ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|---------------------------------------|--|---|
| January 1st | QBRELIS | Blood Pressure/Heart Medications | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |
| January 1st | RANEXA | Blood Pressure/Heart Medications | |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | |
| January 1st | REVELA | Nutritional/Dietary | |
| January 1st | ROZEREM ⁸ | Sleep Disorders/Sedatives | |
| January 1st | SAMSCA | Diuretics | |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | |
| January 1st | SILENOR ⁸ | Sleep Disorders/Sedatives | |
| January 1st | STRATTERA | Attention Deficit Hyperactivity Disorder | |
| January 1st | SYMBYAX | Schizophrenia/Anti-Psychotics | |
| January 1st | SYNERA | Hormonal Agents | |
| January 1st | TENORETIC ⁸ | Blood Pressure/Heart Medications | |
| January 1st | TENORMIN ⁸ | Blood Pressure/Heart Medications | |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | |
| January 1st | TOBEX 0.3% DROPS | Eye Conditions | |
| January 1st | TOBEX 0.3% EYE OINTMENT ¹¹ | Eye Conditions | |
| January 1st | TOPROL XL ⁸ | Blood Pressure/Heart Medications | |
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | |
| January 1st | WELCHOL | Cholesterol Medications | |
| January 1st | WELLBUTRIN SR ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | ZIAC ⁸ | Blood Pressure/Heart Medications | |
| January 1st | ZOCOR ⁸ | Cholesterol Medications | |
| January 1st | ZOLOFT ⁸ | Anxiety/Depression/Bipolar Disorder | |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | |

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

2024 Medication Coverage Changes

Cigna Healthcare Legacy (Performance) Prescription Drug List (Cont.)

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

Medications that will need Step Therapy^{4,6}

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-----------------|-------------------------|--|
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | Your plan won't cover these medications until you try at least one alternative medication first. |
| January 1st | SYMBICORT | Cancer | |

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | ANTICOAG SODIUM CITRATE 4% SYR | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

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

2024 Medication Coverage Changes

Cigna Healthcare Total Savings Prescription Drug List

Medications that will be preferred/covered on a lower tier or are being added to the drug list

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-----------------------------|----------------------------------|---|
| January 1st | ALVESCO | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX HFA/TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | ASMANEX TWISTHALER | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | AZASITE 1% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BESIVANCE 0.6% SUSPENSION | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | BROMSITE 0.075% | Eye Conditions | This medication will be a preferred brand (Tier 2). |
| January 1st | OMNITROPE | Hormonal Agents | This medication will be a preferred brand (Tier 2). |
| January 1st | NORLIQVA ORAL SOLUTION | Blood Pressure/Heart Medications | This medication will be a preferred brand (Tier 2). |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand (Tier 2). |
| January 1st | TOBRADEX ST 0.3-0.05% DROPS | Eye Conditions | This medication will be a preferred brand (Tier 2). |

Medications that will be non-preferred/covered on a higher tier

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|-------------|---|
| January 1st | CHORIONIC GONADOTROPIN 10,000 ³ | Infertility | <ul style="list-style-type: none"> This will be a non-preferred medication under the Cigna Healthcare medical benefit.² Consider these preferred options: OVIDREL, NOVAREL, PREGNYL |
| January 1st | IBRANCE ³ | Cancer | KISQALI, KISQALI FEMARA CO-PACK, VERZENIO |
| January 1st | TOBRAMYCIN PAK 300mg/5ml ³ | Infections | tobramycin inhalation ampules |

Medications that will need approval before they can be covered⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|----------------------------------|------------|---|
| January 1st | CAROSPIR SUSPENSION ⁵ | Diuretics | Your plan will only cover this medication if your doctor's office asks for, and gets, approval from Cigna Healthcare. |

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

2024 Medication Coverage Changes

Cigna Healthcare Total Savings Prescription Drug List (Cont.)

Medications that will have a quantity limit⁴

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|------------------------|------------|---|
| January 1st | KISQALI | Cancer | Your plan will only cover up to a certain amount of medication at one time. |
| January 1st | KISQALI FEMARA CO-PACK | Cancer | |
| January 1st | VERZENIO | Cancer | |

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives⁶

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|--|
| January 1st | ACULAR 0.5% | Eye Conditions | ketorolac eye drops |
| January 1st | ACULAR LS 0.4% | Eye Conditions | ketorolac eye drops |
| January 1st | ADCIRCA ⁷ | ASTHMA/COPD/RESPIRATORY | tadalafil 20mg tablet, alyq |
| January 1st | ALDACTONE | Diuretics | spironolactone |
| January 1st | AMJEVITA ⁷ (Biosimilar to HUMIRA) | Pain Relief and Inflammatory Disease | HUMIRA, CYLTEZO, HYRIMOX HC, ADALIMUMAB-ADAZ HC, HADLIMA, HADLIMA HC <i>**This medication was taken off the drug list on 9/1/23**</i> |
| January 1st | ANALPRAM HC 2.5%-1% | Skin Conditions | hydrocortisone pramoxine 2.5%-1% |
| January 1st | AVAR-E | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AVAR-E GREEN | Skin Conditions | sodium sulfacetamide-sulfur |
| January 1st | AZOPT 1% DROPS | Eye Conditions | brinzolamide drops |
| January 1st | AZULFIDINE | Gastrointestinal/Heartburn | sulfasalazine, sulfasalazine dr |
| January 1st | BACIGUENT 500 UNIT/GM OINTMENT | Eye Conditions | bacitracin ophthalmic ointment, neomycin-bacitracin-polymyxin eye ointment, bacitracin-polymyxin eye ointment |
| January 1st | BETAPACE AF | Blood Pressure/Heart Medications | sotalol af |
| January 1st | BETIMOL 0.25% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BETIMOL 0.5% DROPS | Eye Conditions | timolol gel solution, timolol maleate eye drops |
| January 1st | BROMFED DM | Cold and Cough Medications | brompheniramine-pseudoephedrine-dextromethorphan |
| January 1st | CARNITOR | Nutritional/Dietary | levocarnitine |
| January 1st | CARNITOR SF | Nutritional/Dietary | levocarnitine SF |

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

2024 Medication Coverage Changes

Cigna Healthcare Total Savings Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--------------------------------------|--|
| January 1st | CELEXA ⁷ | Anxiety/Depression/Bipolar Disorder | citalopram |
| January 1st | CILOXAN 0.3% OINTMENT | Eye Conditions | erythromycin, gentak, gentamycin eye ointments |
| January 1st | CILOXAN 0.3% DROPS | Eye Conditions | ciprofloxacin drops |
| January 1st | CLEOCIN (CREAM AND OVULES) | Infections | clindamycin 2% vaginal cream |
| January 1st | CLINDESSE | Infections | clindamycin 2% vaginal cream |
| January 1st | CLOZARIL ⁷ | Schizophrenia/Anti-Psychotics | clozapine |
| January 1st | CORGARD ⁷ | Blood Pressure/Heart Medications | nadolol |
| January 1st | COSOPT DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | COSOPT PF DROPS | Eye Conditions | dorzolamide-timolol drops |
| January 1st | DELESTROGEN | Hormonal Agents | estradiol valerate |
| January 1st | DESVENLAFAXINE ER ⁵ | Anxiety/Depression/Bipolar Disorder | venlafaxine er, duloxetine, bupropion sr |
| January 1st | DUREZOL 0.05% DROPS | Eye Conditions | difluprednate drops |
| January 1st | DUTOPROL ⁷ | Blood Pressure/Heart Medications | metoprolol-hctz |
| January 1st | EFFEXOR XR ⁷ | Anxiety/Depression/Bipolar Disorder | venlafaxine er |
| January 1st | ESGIC | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine |
| January 1st | FIORICET WITH CODEINE ⁷ | Pain Relief and Inflammatory Disease | butalbital-apap-caffeine-codeine |
| January 1st | FLOVENT DISKUS | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLOVENT HFA | Asthma/COPD/Respiratory | ALVESCO, ASMANEX HFA/TWISTHALER, QVAR REDIHALER |
| January 1st | FLUTICASONE-SALMETEROL (Authorized Generic for AIRDUO RESPICLICK) | Asthma/COPD/Respiratory | DULERA, WIXELA, fluticasone-salmeterol, BUDESONIDE-FORMOTERO |
| January 1st | FML FORTE 0.25% EYE DROPS | Eye Conditions | fluorometholone drops, FLAREX DROPS, ketorolac, difluprednate, prednisolone, bromfenac |
| January 1st | FML LIQUIFILM 0.1% DROPS | Eye Conditions | fluorometholone drops |
| January 1st | HEMANGEOL SOLUTION | Blood Pressure/Heart Medications | propranolol solution |
| January 1st | HUMALOG (U-100 VIAL) | Diabetes | HUMALOG (KWIKPEN, CARTRIDGE, JR, TEMPO, MIX), INSULIN LISPRO VIAL, LYUMJEV |
| January 1st | HUMATROPE ⁷ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | INDERAL LA ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | INDERAL XL ⁷ | Blood Pressure/Heart Medications | propranolol |
| January 1st | IOPIDINE 1% DROPS | Eye Conditions | apraclonidine drops, brimonidine drops |
| January 1st | ISTALOL 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | KAPSPARGO SPRINKLE ⁷ | Blood Pressure/Heart Medications | metoprolol |

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

2024 Medication Coverage Changes

Cigna Healthcare Total Savings Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|--|---|
| January 1st | KAPVAY | Attention Deficit Hyperactivity Disorder | clonidine er |
| January 1st | KARBINAL ER | Allergy/Nasal Sprays | hydroxyzine, cyproheptadine |
| January 1st | KATERZIA ORAL SUSPENSION | Blood Pressure/Heart Medications | NORLIQVA, amlodipine |
| January 1st | KEVEYIS ⁷ | Miscellaneous | dichlorphenamide |
| January 1st | LASIX | Diuretics | furosemide |
| January 1st | LEDIPASVIR/SOFOSBUVI ⁸ (Authorized Generic for HARVONI) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | LESCOL XL ⁷ | Cholesterol Medications | fluvastatin er |
| January 1st | LEVEMIR VIAL, FLEXPEN, FLEXTOUCH | Diabetes | BASAGLAR, REZVOGLAR, TRESIBA |
| January 1st | LITHOBID ⁸ | Anxiety/Depression/Bipolar Disorder | lithium carbonate, lithium carbonate er |
| January 1st | LOPRESSOR ⁷ | Blood Pressure/Heart Medications | metoprolol |
| January 1st | LOTEMAX 0.5% DROPS | Eye Conditions | loteprednol etabonate drops |
| January 1st | LOTEMAX 0.5% GEL | Eye Conditions | loteprednol ophthalmic gel |
| January 1st | LUNESTA ⁷ | Sleep Disorders/Sedatives | eszopiclone |
| January 1st | MAVYRET ⁸ | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | MAXIDEX 0.1% EYE DROPS | Eye Conditions | dexamethasone drops |
| January 1st | MAXITROL EYE DROPS | Eye Conditions | neomycin-polymyxin-dexamethasone drops |
| January 1st | MAXITROL EYE OINTMENT | Eye Conditions | neomycin-polymyxin-dexamethasone eye ointment |
| January 1st | METROGEL | Infections | metronidazole 0.75% vaginal gel |
| January 1st | NARDIL | Anxiety/Depression/Bipolar Disorder | phenelzine |
| January 1st | NEORAL | Transplant Medications | cyclosporine modified, gengraf |
| January 1st | NEVANAC 0.1% | Eye Conditions | bromfenac, diclofenac, ketorolac, prednisolone |
| January 1st | NORDITROPIN ⁸ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | NORPRAMIN | Anxiety/Depression/Bipolar Disorder | desipramine |
| January 1st | NOXAFIL SUSPENSION | Infections | posaconazole |
| January 1st | NUVESSA | Infections | metronidazole 0.75% vaginal gel |
| January 1st | OCUFLOX 0.3% DROPS | Eye Conditions | ofloxacin eye drops |
| January 1st | PAXIL ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine |
| January 1st | pen needles (not made by Becton Dickinson) | Diabetes Supplies | BD PEN NEEDLES |
| January 1st | POLYTRIM DROPS | Eye Conditions | polymyxin-b-tmp eye drops |
| January 1st | PRADAXA 110MG CAPSULES ⁸ | Pain Relief and Inflammatory Disease | dabigatran etexilate mesylate, ELIQUIS, XARELTO |
| January 1st | PRAVACHOL ⁷ | Cholesterol Medications | pravastatin |
| January 1st | PRED FORTE 1% DROPS | Eye Conditions | prednisolone drops |

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

2024 Medication Coverage Changes

Cigna Healthcare Total Savings Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|---|-------------------------------------|---|
| January 1st | PRED-G 1% EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | PRED MILD 0.12% EYE DROPS | Eye Conditions | prednisolone drops, ketorolac, diclofenac, bromfenac, difluprednate |
| January 1st | PROZAC ⁷ | Anxiety/Depression/Bipolar Disorder | fluoxetine |
| January 1st | QBRELIS | Blood Pressure/Heart Medications | enalapril solution, lisinopril |
| January 1st | REMERON | Anxiety/Depression/Bipolar Disorder | mirtazapine |
| January 1st | REVELA | Nutritional/Dietary | sevelamer carbonate |
| January 1st | REVATIO (ORAL SUSPENSION AND TABLET) ⁷ | Asthma/COPD/Respiratory | sildenafil tablet or oral suspension |
| January 1st | ROZEREM ⁷ | Sleep Disorders/Sedatives | ramelteon |
| January 1st | SAMSCA | Diuretics | tolvaptan |
| January 1st | SANDIMMUNE (AMPULE AND CAPSULES) | Transplant Medications | cyclosporine |
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | STRIVERDI RESPIMAT |
| January 1st | SILENOR ⁷ | Sleep Disorders/Sedatives | doxepin |
| January 1st | SOFOSBUVIR/VELPATASVIR ⁸ (Authorized Generic for EPCLUSA) | Infections | EPCLUSA, HARVONI, SOVALDI, VOSEVI |
| January 1st | SOLOSEC | Infections | metronidazole, clindamycin, tinidazole |
| January 1st | SYMBICORT | Asthma/COPD/Respiratory | BUDESONIDE-FORMOTEROL |
| January 1st | SYMBYAX | Schizophrenia/Anti-Psychotics | olanzapine/fluoxetine |
| January 1st | SYNERA | Hormonal Agents | lidocaine-prilocaine, lidocaine patch |
| January 1st | SYNAREL NASAL SPRAY ⁸ | Hormonal Agents | FENSOLVI, TRIPTODUR, LUPRON DEPOT PED |
| January 1st | TENORETIC ⁷ | Blood Pressure/Heart Medications | atenolol-chlorthalidone |
| January 1st | TENORMIN ⁷ | Blood Pressure/Heart Medications | atenolol |
| January 1st | TERIPARATIDE ⁷ | Osteoporosis Products | FORTEO, TYMLOS |
| January 1st | TIMOPTIC 0.25% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.25% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC 0.5% OCUDOSE DROPS | Eye Conditions | timolol maleate drops |
| January 1st | TIMOPTIC-XE 0.25% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TIMOPTIC-XE 0.5% GEL-SOLUTION | Eye Conditions | timolol gel solution |
| January 1st | TOBRADEX EYE DROPS | Eye Conditions | tobramycin-dexamethasone drops |
| January 1st | TOBREX 0.3% DROPS | Eye Conditions | tobramycin drops |
| January 1st | TOBREX 0.3% EYE OINTMENT | Eye Conditions | erythromycin, gentak, gentamycin eye ointments |
| January 1st | TOPROL XL ⁷ | Blood Pressure/Heart Medications | metoprolol succinate |

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

2024 Medication Coverage Changes

Cigna Healthcare Total Savings Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|----------------------------|-------------------------------------|--|
| January 1st | TRUSOPT 2% DROPS | Eye Conditions | dorzolamide drops |
| January 1st | VICTOZA ⁹ | Diabetes | OZEMPIC, RYBELSUS, MOUNJARO, TRULICITY, BYDUREON, BYETTA |
| January 1st | VIGAMOX 0.5% DROPS | Eye Conditions | moxifloxacin drops |
| January 1st | WELCHOL | Cholesterol Medications | colesevelam |
| January 1st | WELLBUTRIN SR ⁷ | Anxiety/Depression/Bipolar Disorder | bupropion sr |
| January 1st | ZIAC ⁷ | Blood Pressure/Heart Medications | bisoprolol-hctz |
| January 1st | ZOCOR ⁷ | Cholesterol Medications | simvastatin |
| January 1st | ZOLOFT ⁷ | Anxiety/Depression/Bipolar Disorder | paroxetine er |
| January 1st | ZYMAXID 0.5% DROPS | Eye Conditions | gatifloxacin drops |

Medications that will no longer be covered under the pharmacy benefit¹⁰

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|-------------------------------------|--------------------------------------|---|
| January 1st | albuterol 100mg/20mL soln | Asthma/COPD/Respiratory | These medications will be considered benefit/plan exclusions. Talk with your doctor about your options. |
| January 1st | ANTICOAG SODIUM CITRATE 4% SYR | Blood Thinners/Anti-Clotting | |
| January 1st | ferrocite plus | Nutritional/Dietary | |
| January 1st | L.E.T. (LIDO-EPINEPH-TETRA) GEL | Pain Relief and Inflammatory Disease | |
| January 1st | NICOMIDE | Nutritional/Dietary | |
| January 1st | SODIUM CITRATE 4% LOCK FLUSH | Blood Thinners/Anti-Clotting | |
| January 1st | SODIUM CITRATE 4% SYRINGE | Blood Thinners/Anti-Clotting | |
| January 1st | testosterone cypionate 6,000mg/30mL | Hormonal Agents | |
| January 1st | testosterone cypionate 1,000mg/5mL | Hormonal Agents | |
| January 1st | testosterone cypionate 500mg/2.5mL | Hormonal Agents | |
| January 1st | testosterone enan. 1,000mg/5mL | Hormonal Agents | |
| January 1st | TRI-MIX 150MG-5MG-50MCG VIAL | Erectile Dysfunction | |
| January 1st | TROPICA 1%-CYCLOPEN 1%-PE 2.5% | Eye Conditions | |

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

2024 Medication Coverage Changes

Cigna Healthcare National Preferred Prescription Drug List

Medications that will be covered on a lower tier or are being added to the drug list

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

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | ADDITIONAL INFORMATION |
|--------------------|--|-------------------------|--|
| January 1st | INSULIN LISPRO (U100 KWIKPEN, JR KWIKPEN, MIX KWIKPEN) | Diabetes | This medication will be a preferred brand. |
| January 1st | PREGNYL | Infertility | This medication will be a non-preferred brand. |
| January 1st | STRIVERDI RESPIMAT | Asthma/COPD/Respiratory | This medication will be a preferred brand. |

Medications that will be covered on a higher tier

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

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|-----------------|-------------|--|
| January 1st | ENDOMETRIN | Infertility | This medication will be a non-preferred brand. |

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives⁶

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--|--|--|
| January 1st | AMJEVITA(CF) ⁷ , AUTOINJECTOR ⁷ | Pain Relief and Inflammatory Disease | ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ |
| January 1st | APLENZIN ¹³ | Anxiety/Depression/Bipolar Disorder | bupropion xl 150 mg or 300 mg |
| January 1st | AUBAGIO ⁷ | Multiple Sclerosis | teriflunomide |
| January 1st | BEVESPI AEROSPHERE | Asthma/COPD/Respiratory | ANORO ELLIPTA, STIOLTO RESPIMAT |
| January 1st | BIDIL | Blood Pressure/Heart Medications | hydralazine, isosorbide dinitrate |
| January 1st | BRAFTOVI ¹³ | Cancer | TAFINLAR, ZELBORAF |
| January 1st | CARAFATE | Gastrointestinal/Heartburn | sucralfate |
| January 1st | CHORIONIC GONADOTROPIN | Infertility | NOVAREL, OVIDREL |
| January 1st | CITRANATAL 90 DHA, ASSURE, B-CALM, BLOOM, DHA, HARMONY, MEDLEY, RX | Nutritional/Dietary | generic prenatal vitamins |
| January 1st | DYANAVEL XR ⁷ | Attention Deficit Hyperactivity Disorder | dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE |
| January 1st | FULPHILA ⁷ | Blood Modifiers/Bleeding Disorders | ZIEXTENZO |
| January 1st | IBRANCE ⁵ | Cancer | KISQALI, VERZENIO |
| January 1st | KEVEYIS ⁸ | Miscellaneous | dichlorphenamide |

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

2024 Medication Coverage Changes

Cigna Healthcare National Preferred Prescription Drug List (Cont.)

Medications that will no longer be covered – and their covered alternatives⁶ (Cont.)

| DATE CHANGE STARTS | MEDICATION NAME | DRUG CLASS | GENERICS AND/OR PREFERRED MEDICATIONS |
|--------------------|--------------------------------|--|--|
| January 1st | KUVAN ⁷ | Miscellaneous | sapropterin |
| January 1st | LATUDA | Schizophrenia/Anti-Psychotics | lurasidone |
| January 1st | LEVEMIR, FLEXPEN, FLEXTOUCH | Diabetes | SEMGLEE (YFGN), TOUJEO, TRESIBA |
| January 1st | LUZU | Skin Conditions | ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole |
| January 1st | MEKTOVI ¹³ | Cancer | COTELLIC, MEKINIST |
| January 1st | NATESTO ⁷ | Hormonal Agents | testosterone gel, testosterone solution, ANDRODERM PATCHES |
| January 1st | NORDITROPIN FLEXP ⁷ | Hormonal Agents | GENOTROPIN, OMNITROPE |
| January 1st | OXMOLEX ER ⁸ | Parkinson's Disease | amantadine capsules, amantadine oral solution, amantadine tablets |
| January 1st | OXAYDO ¹³ | Pain Relief and Inflammatory Disease | oxycodone |
| January 1st | QUILLICHEW ER ⁷ | Attention Deficit Hyperactivity Disorder | dexamethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE |
| January 1st | QUILLIVANT XR ⁷ | Attention Deficit Hyperactivity Disorder | dexamethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE |
| January 1st | SEREVENT DISKUS | Asthma/COPD/Respiratory | STRIVERDI RESPIMAT |
| January 1st | SIVEXTRO ⁷ | Infections | linezolid |
| January 1st | STEGLUJAN ⁷ | Diabetes | GLYXAMBI |
| January 1st | VOQUEZNA DUAL PAK, TRIPLE PAK | Gastrointestinal/Heartburn | bismuth/metronidazole/tetracycline, lansoprazole/ amoxicillin/clarithromycin, TALICIA |
| January 1st | XULTOPHY 100-3.6 | Diabetes | SOLIQUA |
| January 1st | YONSA ⁵ | Cancer | abiraterone, XTANDI |
| January 1st | ZOLPIMIST ⁷ | Sleep Disorders/Sedatives | eszopiclone, zaleplon, zolpidem |

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

2024 Medication Coverage Changes

Cigna Pathwell Specialty Drug List

These specialty medications aren't covered on the Cigna Pathwell SpecialtySM Drug List.^{6,12} However, there are preferred medications available that are used to treat the same condition. They're listed below. If your doctor feels a preferred medication isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of the non-covered medication.

| MEDICATION NAME (not covered) | PREFERRED MEDICATION(S) |
|-----------------------------------|---|
| ALYMSYS* | MVASI*, ZIRABEV* |
| ASCENIV* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| AVASTIN* | MVASI*, ZIRABEV* |
| BERINERT* | icatibant |
| BIVIGAM* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| CUVITRU* | CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY* |
| DDAVP | desmopressin acetate |
| ERWINASE | ASPARLAS, ONCASPAR |
| FULPHILA**+ | NEULASTA**, NYVEPRIA*, ZIEXTENZO* |
| GAMMAGARD LIQUID*, GAMMAGARD S/D* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| GEL-ONE | DUROLANE, EUFLEXXA, GELSYN-3 |
| GENVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| GRANIX | NIVESTYM, ZARXIO |
| HERCEPTIN*, HERCEPTIN, HYLECTA* | KANJINTI*, TRAZIMERA* |
| HERZUMA* | KANJINTI*, TRAZIMERA* |
| HYALGAN | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYMOVIS | DUROLANE, EUFLEXXA, GELSYN-3 |
| HYQVIA* | CUTAQUIG*, HIZENTRA*, GAMMAKED*, GAMUNEX-C*, XEMBIFY* |
| INFUGEM | gemcitabine (generic GEMZAR) |
| KALBITOR* | icatibant |

| MEDICATION NAME (not covered) | PREFERRED MEDICATION(S) |
|----------------------------------|---|
| LEMTRADA* | AVONEX+, AUBAGIO+, BAFIERTAM+, BETASERON, dalfampridine, dimethyl, EXTAVIA+, GILENYA+, glatiramer, glatopa, KESIMPTA+, MAYZENT+, OCREVUS*, PLEGRIDY+, PONVORY+, REBIF+, VUMERITY+ |
| LEQVIO* | REPATHA |
| MAKENA* | hydroxyprogesterone caproate* |
| MONOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| NEULASTA**^ | FULPHILA**^, NYVEPRIA*, UDENYCA**^, ZIEXTENZO* |
| NEUPOGEN | NIVESTYM, ZARXIO |
| OGIVRI* | KANJINTI*, TRAZIMERA* |
| ONTRUZANT* | KANJINTI*, TRAZIMERA* |
| ORENCIA IV* | ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR |
| ORTHOVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| PANZYGA* | FLEBOGAMMA DIF*, GAMMAKED*, GAMMAPLEX*, GAMUNEX-C*, OCTAGAM*, PRIVIGEN* |
| RELEUKO | NIVESTYM, ZARXIO |
| REMICADE* | AVSOLA*, INFLECTRA* |
| REMODULIN* | treprostinil* |
| RENFLIXIS* | AVSOLA*, INFLECTRA* |
| REVATIO | sildenafil |
| RITUXAN*, RITUXAN HYCELA* | RIABNI*, RUXIENCE*, TRUXIMA* |
| RUCONEST* | icatibant |
| RYLAZE | ASPARLAS, ONCASPAR |

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

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

+ This does not apply to patients using the Cigna Healthcare Total Savings Prescription Drug List.

^ This only applies to patients using the Cigna Healthcare Total Savings Prescription Drug List.

2024 Medication Coverage Changes

Cigna Pathwell Specialty Drug List (Cont.)

| MEDICATION NAME <i>(not covered)</i> | PREFERRED MEDICATION(S) |
|---|--|
| SANDOSTATIN LAR DEPOT* | SOMATULINE DEPOT* |
| SAPHNELO* | BENLYSTA* |
| SIGNIFOR LAR* | SOMATULINE DEPOT* |
| SUPARTZ FX | DUROLANE, EUFLEXXA, GELSYN-3 |
| SUSVIMO | AVASTIN (repackaged, intravitreal inj) |
| SYNOJOYNT | DUROLANE, EUFLEXXA, GELSYN-3 |
| SYNVISC | DUROLANE, EUFLEXXA, GELSYN-3 |

| MEDICATION NAME <i>(not covered)</i> | PREFERRED MEDICATION(S) |
|---|---|
| TRILURON | DUROLANE, EUFLEXXA, GELSYN-3 |
| TRIVISC | DUROLANE, EUFLEXXA, GELSYN-3 |
| TYSABRI* <i>(when used to treat Crohn's Disease)</i> | AVSOLA*, CIMZIA SYRINGE, CIMZIA VIAL*, HUMIRA, INFLECTRA* |
| UDENYCA** | NEULASTA**, NYVEPRIA*, ZIEXTENZO* |
| VISCO-3 | DUROLANE, EUFLEXXA, GELSYN-3 |
| 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 a specialty pharmacy in the Cigna Pathwell Specialty Network, for it to be covered. To find an in-network provider near you, go to [Cigna.com/pathwellspecialty](https://www.cigna.com/pathwellspecialty).

+ This does not apply to patients using the Cigna Healthcare Total Savings Prescription Drug List.

^ This only applies to patients using the Cigna Healthcare Total Savings Prescription Drug List.



- 1. Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. We're letting you know now because we won't send you a reminder. It's up to you to remember that this change(s) will be taking place. To find out if these laws apply to you, please call customer service using the number on your Cigna Healthcare ID card.
 - **Connecticut, Louisiana, New York and Texas:** Your plan may be required to continue covering your medication as it is now, until your new plan year starts. **Illinois:** If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna Healthcare is making a change to your medication on January 1st but your new plan year doesn't start until April 1st, the change(s) won't affect you until April 1st.
 - **Florida:** Your plan may be required to continue covering your medication as it is now, at the same cost-share, for sixty (60) days from the date on the letter we send you. For example, if the date on the letter is November 21st, the change(s) won't affect you until January 21st.
- 2. Some medications are covered under the pharmacy benefit, some under the medical benefit, and others are covered under both benefits.** Medications that you fill at the pharmacy and take yourself are typically covered under the pharmacy benefit. You can find these medications listed in the Cigna Healthcare Standard Prescription Drug List. Medications that are injected or infused and are given to you at a doctor's office, an infusion center, or at home are typically covered under the medical benefit.
- 3.** If your plan covers this medication on a specialty tier (Tier 4), your cost-share won't change.
- 4. This change may not apply to your specific plan.** Log in to the **myCigna**® App or **myCigna.com**, or check your plan materials, to see if your plan has extra coverage requirements for this medication, such as prior authorization/precertification, quantity limits, Step Therapy and/or age requirements.
- 5. If you're currently receiving coverage for this medication, this change won't affect you.** It will only affect customers using this medication for the first time, starting January 1st.
- 6.** If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval by January 1st 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.
- 7. If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31st (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
- 8. If you currently have approval from Cigna Healthcare for this medication to be covered, this change won't affect you until your current approval period ends.**
- 9. For customers 18 years and older who have approval from Cigna Healthcare for this medication to be covered:** Your plan will continue to cover this medication through December 31st (or the date you were approved through), whichever comes first. After that time, it will no longer be covered. **For customers 17 years and younger who have approval from Cigna Healthcare for this medication to be covered:** This change won't affect you (your medication will still be covered); however, starting January 1st, you'll pay your non-preferred brand cost-share to fill it.
- 10.** There are certain medications and products that aren't covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For these medications, talk with your doctor about your options.
- 11.** If Cigna Healthcare approves coverage of this medication, it may cost you more to fill. Starting January 1st, you'll pay your non-preferred brand cost-share. However, if your plan covers this medication on a specialty tier (Tier 4), your cost-share won't change.
- 12.** Some states require out-of-network coverage. To find out if these state laws apply to your plan, please call customer service using the number on your Cigna Healthcare ID card.
- 13. If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31, 2024.** After that time, it will no longer be covered.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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