

# CHANGES TO YOUR PLAN'S DRUG LIST



Starting January 1, 2023<sup>1,2</sup>

These are the coverage changes Cigna is making to the Cigna Legacy (Standard) Prescription Drug List on January 1, 2023.<sup>1,2</sup> Medications are listed alphabetically. Medications that will have a quantity limit are listed at the end of this document.

If you're affected by one of these changes, we'll send you a letter with specific information on next steps.

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION
<b>ACTOS</b> ( <i>Diabetes</i> )	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>ALDACTAZIDE</b> ( <i>Diuretics</i> )	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>ANUSOL-HC</b> ( <i>Gastrointestinal/ Heartburn</i> )	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"><li>• If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it until your approval period ends.</li><li>• However, starting January 1<sup>st</sup>, this medication may cost you more to fill.</li><li>• Consider these options which are used to treat the same condition and may cost you less: hydrocortisone rectal cream or suppository.</li></ul>

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## Medication Coverage Changes - Starting January 1, 2023

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<b>ATACAND</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.<sup>3</sup></li> <li>Your plan will only cover this medication if your doctor's office requests, and receives, a new approval from Cigna.</li> </ul>
<b>ATACAND HCT</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.<sup>3</sup></li> <li>Your plan will only cover this medication if your doctor's office requests, and receives, a new approval from Cigna.</li> </ul>
<b>AZOR</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>BENZEPRO</b> (Skin Conditions)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>This medication may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide).</b></li> </ul>
<b>BROMFED DM</b> (Cough/Cold Medications)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>This medication may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>brompheniramine-pseudoephedrine-dm.</b></li> </ul>
<b>BUPAP</b> (Pain Relief and Inflammatory Disease)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it until your approval period ends.</li> <li>However, starting January 1<sup>st</sup>, this medication may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>butalbital-acetaminophen 50-325mg tablet.</b></li> </ul>
<b>CEQUA</b> (Eye Conditions)	Will move/moved to a lower tier (preferred brand).	This medication may cost you less to fill.

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## Medication Coverage Changes - Starting January 1, 2023

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION
<b>CLIMARA</b> ( <i>Hormonal Agents</i> )	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>CLIMARA PRO</b> ( <i>Hormonal Agents</i> )	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>CLINDACIN ETZ KIT, PAC KIT</b> ( <i>Skin Conditions</i> )	Will no longer be covered under the Cigna pharmacy benefit. It will be considered a "benefit/plan exclusion."	Consider trying one of these: <b>clindamycin phosphate 1% pledget</b> .
<b>COLCHICINE 0.6 MG CAPSULE</b> ( <i>Pain Relief and Inflammatory Disease</i> )	<ul style="list-style-type: none"> <li>Will move to a higher tier (non-preferred brand) <u>and</u></li> <li>Will need approval from Cigna before it can be covered ("prior authorization").<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>If Cigna approves coverage of this medication, it may cost you more to fill.</b></li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>colchicine tablet; MITIGARE</b>.</li> </ul>
<b>COLCRYS 0.6 MG TABLET</b> ( <i>Pain Relief and Inflammatory Disease</i> )	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>COMBIPATCH</b> ( <i>Hormonal Agents</i> )	Will move/moved to a lower tier (preferred brand).	This medication may cost you less to fill.
<b>COREG</b> ( <i>Blood Pressure/Heart Medications</i> )	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	<ul style="list-style-type: none"> <li><b>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.</b><sup>3</sup></li> <li>Your plan will only cover this medication if your doctor's office requests, and receives, a new approval from Cigna.</li> </ul>
<b>COREG CR</b> ( <i>Blood Pressure/Heart Medications</i> )	<ul style="list-style-type: none"> <li>Will need approval from Cigna before it can be covered ("prior authorization").<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.</b><sup>3</sup></li> <li>Your plan will only cover this medication if your doctor's office requests, and receives, a new approval from Cigna.</li> </ul>
<b>DEMSEER</b> ( <i>Blood Pressure/Heart Medications</i> )	<ul style="list-style-type: none"> <li>Will move to a higher tier (non-preferred brand) <u>and</u></li> <li>Will need approval from Cigna before it can be covered ("prior authorization").<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li><b>If Cigna approves coverage of this medication, it may cost you more to fill.</b></li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>metirosine</b>.</li> </ul>

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MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION
<b>DIVIGEL</b> (Hormonal Agents)	<ul style="list-style-type: none"> <li>Will move to a higher tier (non-preferred brand) <u>and</u></li> <li>Will need approval from Cigna before it can be covered ("prior authorization").<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>If Cigna approves coverage of this medication, it may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>estradiol patch; DOTTI; ESTROGEL; EVAMIST; LYLLANA.</b></li> </ul>
<b>DONNATAL ELIXIR</b> (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>DONNATAL TABLET</b> (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>DUEXIS</b> (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna pharmacy benefit. It will be considered a "benefit/plan exclusion."	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.</li> <li>Consider trying one of these: <b>ibuprofen + famotidine.</b></li> </ul>
<b>ELESTRIN</b> (Hormonal Agents)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>ELIDEL</b> (Skin Conditions)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>ESTRACE</b> (Hormonal Agents)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>ESTROGEL</b> (Hormonal Agents)	Will move/moved to a lower tier (preferred brand).	This medication may cost you less to fill.
<b>EUCRISA</b> (Skin Conditions)	Will no longer be covered until you try at least one alternative medication first. <sup>3,4</sup>	<ul style="list-style-type: none"> <li>This change won't affect anyone under the age of 2 and/or anyone who's already tried a topical corticosteroid or topical calcineurin inhibitor (e.g. <b>tacrolimus ointment or pimecrolimus cream</b>).</li> <li>Consider these covered options which are used to treat the same condition: <b>pimecrolimus cream, tacrolimus ointment, prescription topical corticosteroid.</b></li> </ul>
<b>FEMRING</b> (Hormonal Agents)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.

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<b>FIORICET</b> (Pain Relief and Inflammatory Disease)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>This medication may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>butalbital-acetaminophen-caffeine 50-300-400mg</b>; <b>butalbital-acetaminophen-caffeine 50-325-400mg</b>; <b>PHRENILIN FORTE 50-300-40MG</b>.</li> </ul>
<b>FOSRENOL POWDER PACKETS</b> (Nutritional/Dietary)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>This medication may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>lanthanum</b>; <b>sevelamer carbonate</b>; <b>VELPHORO</b>.</li> </ul>
<b>ibuprofen-famotidine</b> (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna pharmacy benefit. It will be considered a "benefit/plan exclusion."	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.</li> <li>Consider trying one of these: <b>ibuprofen + famotidine</b>.</li> </ul>
<b>imatinib (generic GLEEVEC)</b> (Cancer)	Will have a quantity limit. <sup>4</sup>	Your plan will only cover up to a certain amount of medication over a certain period of time.
<b>IMVEXXY</b> (Hormonal Agents)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>INNOPRAN XL</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.<sup>3</sup></li> <li>Your plan will only cover this medication if your doctor's office requests, and receives, a new approval from Cigna.</li> </ul>
<b>INSPRA</b> (Diuretics)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>INTRAROSA</b> (Hormonal Agents)	Will have a quantity limit. <sup>4</sup>	Your plan will only cover up to a certain amount of medication over a certain period of time.

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<b>ketodan 2% foam kit</b> (Skin Conditions)	Will no longer be covered under the Cigna pharmacy benefit. It will be considered a "benefit/plan exclusion."	Consider trying one of these: <b>ketoconazole 2% foam.</b>
<b>LOTREL</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>mefenamic acid</b> (Pain Relief and Inflammatory Disease)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>metyrosine</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>MINIVELLE</b> (Hormonal Agents)	Will need approval from Cigna before it can be covered ("prior authorization"). <sup>4</sup>	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
<b>MITIGARE 0.6 MG CAPSULE</b> (Pain Relief and Inflammatory Disease)	Will move/moved to a lower tier (preferred brand).	This medication may cost you less to fill.
<b>MORPHINE SULFATE ORAL SYRINGES</b> (Pain Relief and Inflammatory Disease)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it until your approval period ends.</li> <li>• However, starting January 1<sup>st</sup>, this medication may cost you more to fill.</li> <li>• Talk with your doctor about other options.</li> </ul>
<b>NALFON</b> (Pain Relief and Inflammatory Disease)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it until your approval period ends.</li> <li>• However, starting January 1<sup>st</sup>, this medication may cost you more to fill.</li> <li>• Consider these options which are used to treat the same condition and may cost you less: <b>Generic NSAID (e.g. celecoxib; meloxicam).</b></li> </ul>
<b>naproxen-esomeprazole</b> (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna pharmacy benefit. It will be considered a "benefit/plan exclusion."	<ul style="list-style-type: none"> <li>• If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.</li> <li>• Consider trying one of these: <b>naproxen + esomeprazole magnesium.</b></li> </ul>



## Medication Coverage Changes - Starting January 1, 2023

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<b>NULEV</b> ( <i>Gastrointestinal/ Heartburn</i> )	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• <b>This medication may cost you more to fill.</b></li> <li>• Consider these options which are used to treat the same condition and may cost you less: <b>hyoscyamine odt.</b></li> </ul>
<b>OSPHENA</b> ( <i>Hormonal Agents</i> )	Will have a quantity limit. <sup>4</sup>	Your plan will only cover up to a certain amount of medication over a certain period of time.
<b>PEPCID</b> ( <i>Gastrointestinal/ Heartburn</i> )	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• <b>If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it until your approval period ends.</b></li> <li>• <b>However, starting January 1<sup>st</sup>, this medication may cost you more to fill.</b></li> <li>• Consider these options which are used to treat the same condition and may cost you less: <b>famotidine.</b></li> </ul>
<b>PERIDEX</b> ( <i>Dental Products</i> )	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• <b>This medication may cost you more to fill.</b></li> <li>• Consider these options which are used to treat the same condition and may cost you less: <b>chlorhexidine rinse.</b></li> </ul>
<b>PHARMABASE BARRIER</b> ( <i>Skin Conditions</i> )	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• <b>This medication may cost you more to fill.</b></li> <li>• Consider these options which are used to treat the same condition and may cost you less: <b>zinc oxide.</b></li> </ul>
<b>PR BENZOYL PEROXIDE</b> ( <i>Skin Conditions</i> )	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>• <b>This medication may cost you more to fill.</b></li> <li>• Consider these options which are used to treat the same condition and may cost you less: <b>Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide).</b></li> </ul>
<b>PROGLYCEM</b> ( <i>Diabetes</i> )	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	Your plan will only cover this medication if your doctor’s office requests, and receives, approval from Cigna.
<b>PROGRAF CAPSULES</b> ( <i>Transplant Medications</i> )	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	Your plan will only cover this medication if your doctor’s office requests, and receives, approval from Cigna.
<b>PROTOPIC</b> ( <i>Skin Conditions</i> )	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	Your plan will only cover this medication if your doctor’s office requests, and receives, approval from Cigna.

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MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION
<b>RESTASIS MULTIDOSE</b> (Eye Conditions)	<ul style="list-style-type: none"> <li>Will move to a higher tier (non-preferred brand) <u>and</u></li> <li>Will need approval from Cigna before it can be covered (“prior authorization”).<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>If Cigna approves coverage of this medication, it may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>cyclosporine 0.05% eye emulsion; CEQUA; XIIDRA.</b></li> </ul>
<b>RIDAURA</b> (Pain Relief and Inflammatory Disease)	<ul style="list-style-type: none"> <li>Will move to a higher tier (non-preferred brand) <u>and</u></li> <li>Will need approval from Cigna before it can be covered (“prior authorization”).<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>If Cigna approves coverage of this medication, it may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>Generic NSAID (e.g. celecoxib; meloxicam).</b></li> </ul>
<b>TRICHLOROACETIC ACID</b> (Skin Conditions)	Will move to a higher tier (non-preferred brand).	<ul style="list-style-type: none"> <li>This medication may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide).</b></li> </ul>
<b>ULORIC</b> (Pain Relief and Inflammatory Disease)	<ul style="list-style-type: none"> <li>Will move to a higher tier (non-preferred brand) <u>and</u></li> <li>Will need approval from Cigna before it can be covered (“prior authorization”).<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>If Cigna approves coverage of this medication, it may cost you more to fill.</li> <li>Consider these options which are used to treat the same condition and may cost you less: <b>febuxostat.</b></li> </ul>
<b>VAGIFEM</b> (Hormonal Agents)	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	Your plan will only cover this medication if your doctor’s office requests, and receives, approval from Cigna.
<b>VASOTEC</b> (Blood Pressure/Heart Medications)	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.<sup>3</sup></li> <li>Your plan will only cover this medication if your doctor’s office requests, and receives, a new approval from Cigna.</li> </ul>
<b>VIMOVO</b> (Pain Relief and Inflammatory Disease)	Will no longer be covered under the Cigna pharmacy benefit. It will be considered a “benefit/plan exclusion.”	<ul style="list-style-type: none"> <li>If you currently have approval from Cigna for this medication to be covered, that approval will now end on December 31<sup>st</sup> or the date you were approved through, whichever comes first.</li> <li>Consider trying one of these: <b>naproxen + esomeprazole magnesium.</b></li> </ul>

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<b>VIVELLE-DOT</b> <i>(Hormonal Agents)</i>	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	Your plan will only cover this medication if your doctor’s office requests, and receives, approval from Cigna.
<b>ZYLOPRIM</b> <i>(Pain Relief and Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered (“prior authorization”). <sup>4</sup>	Your plan will only cover this medication if your doctor’s office requests, and receives, approval from Cigna.

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# Medication Coverage Changes - Starting January 1, 2023

## Medications that will have a quantity limit as of January 1<sup>st</sup>3

Medications are listed alphabetically by drug class. Your plan will only cover up to a certain amount of this medication over a certain period of time.

DRUG CLASS	MEDICATION NAME <sup>3</sup>
AIDS/HIV	<ul style="list-style-type: none"> <li>• ATRIPLA TABLET</li> <li>• BIKTARVY 30-120-15, 50-200-25MG TABLET</li> <li>• COMPLERA TABLET</li> <li>• DELSTRIGO 100-300-300MG TABLET</li> <li>• DOVATO 50-300MG TABLET</li> <li>• efavirenz-emtricitabine-tenofovir 600-200-300mg</li> <li>• efavirenz-lamivudine-tenofovir 400-300-300, 600-300-300mg</li> <li>• GENVOYA TABLET</li> <li>• JULUCA 50-25MG TABLET</li> <li>• STRIBILD TABLET</li> <li>• SYMFI 600-300-300MG TABLET</li> <li>• SYMFI LO 400-300-300MG TABLET</li> <li>• SYMTUZA 800-150-200-10MG TABLET</li> <li>• TRIUMEQ 600-50-300MG TABLET</li> </ul>
Asthma/COPD/Respiratory	<ul style="list-style-type: none"> <li>• ADVAIR 100-50, 250-50, 500-50 DISKUS</li> <li>• ADVAIR HFA 45-21, 115-21, 230-21MCG INHALER</li> <li>• AIRDUO DIGIHALER &amp; RESPICLICK 55-14, 113-14, 232-14MCG</li> <li>• ANORO ELLIPTA 62.5-25MCG INHALER</li> <li>• arformoterol 15mcg/2ml solution</li> <li>• ASMANEX HFA 50, 100, 200MCG INHALER</li> <li>• ASMANEX TWISTHALER 110, 220MCG</li> <li>• atomoxetine 10mg capsule</li> <li>• ATROVENT 17MCG HFA INHALER</li> <li>• BEVESPI AEROSPHERE INHALER</li> <li>• BREO ELLIPTA 100-25, 200-25MCG INHALER</li> <li>• BREZTRI AEROSPHERE INHALER</li> <li>• BROVANA 15MCG/2ML SOLUTION</li> <li>• budesonide 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml suspension</li> <li>• BUDESONIDE-FORMOTEROL 80-4.5, 160-4.5</li> <li>• COMBIVENT RESPIMAT 200-100MCG</li> <li>• DUAKLIR PRESSAIR 400-12MCG INHALER</li> <li>• DULERA 50MCG-5MCG, 100MCG-5MCG, 200MCG-5MCG INHALER</li> <li>• FLOVENT 50, 100, 250MCG DISKUS</li> <li>• FLOVENT HFA 44, 110, 220MCG INHALER</li> <li>• fluticasone-salmeterol 100-50, 250-50, 500-50</li> <li>• FLUTICASONE-SALMETEROL 55-14, 113-14, 232-14</li> <li>• LONHALA MAGNAIR 25MCG REFILL</li> <li>• PROAIR DIGIHALER &amp; RESPICLICK 90MCG INHALER</li> <li>• PULMICORT 0.25MG/2ML, 0.5MG/2ML, 1MG/2ML RESPULE</li> <li>• SEREVENT DISKUS 50MCG</li> <li>• SPIRIVA 18MCG CP-HANDIHALER</li> <li>• SPIRIVA RESPIMAT 1.25, 2.5MCG INHALER</li> <li>• STIOLTO RESPIMAT INHALER SPRAY</li> </ul>

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

# Medication Coverage Changes - Starting January 1, 2023

## Medications that will have a quantity limit as of January 1<sup>st</sup> (cont)

DRUG CLASS	MEDICATION NAME <sup>3</sup>
Asthma/COPD/Respiratory (con't)	<ul style="list-style-type: none"> <li>• STRIVERDI RESPIMAT INHALER SPRAY</li> <li>• SYMBICORT 80-4.5, 160-4.5MCG INHALER</li> <li>• TRELEGY ELLIPTA 100-62.5-25, 200-62.5-25</li> <li>• TUDORZA PRESSAIR 400MCG INHALER</li> <li>• wixela 100-50, 250-50, 500-50 inhub</li> </ul>
Attention Deficit Hyperactivity Disorder	<ul style="list-style-type: none"> <li>• ADDERALL 5, 7.5, 10, 12.5, 15, 20, 30MG TABLET</li> <li>• amphetamine 5, 10mg tablet</li> <li>• atomoxetine 18, 25, 40, 60, 80, 100mg capsule</li> <li>• DESOXYN 5MG TABLET</li> <li>• dexmethylphenidate 2.5, 5, 10mg tablet</li> <li>• dextroamphetamine-amphetamine 5, 7.5, 10, 12.5, 15, 20, 30mg tablet</li> <li>• dextroamphetamine 5mg/ml solution; 5, 10mg tablet</li> <li>• EVEKEO 5MG TABLET</li> <li>• FOCALIN 2.5, 5, 10MG TABLET</li> <li>• guanfacine er 1, 2, 3, 4mg tablet</li> <li>• INTUNIV ER 1, 2, 3, 4MG TABLET</li> <li>• methamphetamine 5mg tablet</li> <li>• METHYLIN 5MG/5ML, 10MG/5ML SOLUTION</li> <li>• methylphenidate 5mg/ml, 10mg/ml solution; 2.5, 5, 10mg chewable tablet; 5, 10, 20mg tablet</li> <li>• procentra 5mg/ml solution</li> <li>• RITALIN 5, 10, 20MG TABLET</li> <li>• STRATTERA 10, 18, 25, 40, 60, 80, 100MG CAPSULE</li> <li>• zenzedi 5, 10mg tablet</li> </ul>
Blood Pressure/Heart Medications	<ul style="list-style-type: none"> <li>• ENTRESTO 24-26, 49-51, 97-103MG TABLET</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• ALECENSA 150MG CAPSULE</li> <li>• ALUNBRIG 30, 90, 180MG TABLET; 90MG-180MG TABLET PACK</li> <li>• BOSULIF 100, 400, 500MG TABLET</li> <li>• CAPRELSA 100, 300MG TABLET</li> <li>• COMETRIQ 60, 100, 140MG DAILY-DOSE PACK</li> <li>• IBRANCE 75, 100, 125MG CAPSULE/TABLET</li> <li>• ICLUSIG 10, 15, 30, 45MG TABLET</li> <li>• imatinib 100, 400mg tablet</li> <li>• IMBRUVICA 70MG CAPSULE; 140MG CAPSULE/TABLET; 250, 420, 560MG TABLET,</li> <li>• JAKAFI 5, 10, 15, 20, 25MG TABLET</li> <li>• lapatinib 250mg tablet</li> <li>• lenalidomide 5, 10, 15, 25mg capsule</li> <li>• LORBRENA 25, 100MG TABLET</li> <li>• LYNPARZA 100, 150MG TABLET</li> <li>• MEKINIST 0.5, 2MG TABLET</li> <li>• MEKTOVI 15MG TABLET</li> <li>• NEXAVAR 200MG TABLET</li> </ul>

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# Medication Coverage Changes - Starting January 1, 2023

## Medications that will have a quantity limit as of January 1<sup>st</sup> (cont)

DRUG CLASS	MEDICATION NAME <sup>3</sup>
Cancer (con't)	<ul style="list-style-type: none"> <li>• NINLARO 2.3, 3, 4MG CAPSULE</li> <li>• PEMAZYRE 4.5, 9, 13.5MG TABLET</li> <li>• POMALYST 1, 2, 3, 4MG CAPSULE</li> <li>• RETEVMO 40, 80MG CAPSULE</li> <li>• REVLIMID 2.5, 5, 10, 15, 20, 25MG CAPSULE</li> <li>• RUBRACA 200, 250, 300MG TABLET</li> <li>• sorafenib 200mg tablet</li> <li>• SPRYCEL 20, 50, 70, 80, 100, 140MG TABLET</li> <li>• STIVARGA 40MG TABLET</li> <li>• sunitinib 12.5, 25, 37.5, 50mg capsule</li> <li>• SUTENT 12.5, 25, 37.5, 50MG CAPSULE</li> <li>• TAFINLAR 50, 75MG CAPSULE</li> <li>• TALZENNA 0.25, 1MG CAPSULE</li> <li>• TASIGNA 50, 150, 200MG CAPSULE</li> <li>• TYKERB 250MG TABLET</li> <li>• VOTRIENT 200MG TABLET</li> <li>• XALKORI 200, 250MG CAPSULE</li> <li>• ZEJULA 100MG CAPSULE</li> <li>• ZOLINZA 100MG CAPSULE</li> <li>• ZYDELIG 100, 150MG TABLET</li> <li>• ZYKADIA 150MG TABLET</li> </ul>
Infections	<ul style="list-style-type: none"> <li>• EPCLUSA 150-37.5MG PELLET PACKET</li> <li>• EPCLUSA 400MG-100MG TABLET</li> <li>• EVEKEO 10MG TABLET</li> <li>• HARVONI 45-200, 90-400MG TABLET</li> <li>• MAVYRET 50-20MG PELLET PACKET; 100-40MG TABLET</li> <li>• SOVALDI 200, 400MG TABLET</li> <li>• VIEKIRA PAK</li> <li>• VOSEVI 400-100-100MG TABLET</li> <li>• XIFAXAN 200MG TABLET</li> <li>• ZEPATIER 50-100MG TABLET</li> </ul>
Pain Relief and Inflammatory Disease	<ul style="list-style-type: none"> <li>• CUPRIMINE 250MG CAPSULE</li> <li>• DEPEN 250MG TITRATAB</li> <li>• penicillamine 250mg capsule/tablet</li> </ul>
Sleep Disorders/Sedatives	<ul style="list-style-type: none"> <li>• WAKIX 4.45, 17.8MG TABLET</li> <li>• XYREM 500MG/ML ORAL SOLUTION</li> <li>• XYWAV 0.5GM/ML ORAL SOLUTION</li> </ul>

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## Questions?

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



1. State laws in **Connecticut, Louisiana, New York, and Texas** and may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna to start the coverage review (prior authorization) process, or to appeal the denial of coverage. They know how the process works and will take care of everything for you. If you don't get approval by January 1<sup>st</sup> and continue to fill 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.
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 includes prior authorization, quantity limits, and/or Step Therapy.

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

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

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