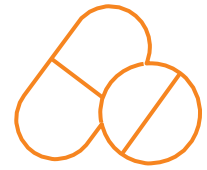


Medication Coverage Changes



Starting January 1, 2022^{1,2}

These are the medication coverage changes Cigna is making as of January 1, 2022.^{1,2} Medications are listed alphabetically. Typically, medications that you take yourself and fill at a retail pharmacy or through home delivery are covered under the pharmacy benefit.

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	BENEFIT IT'S COVERED UNDER
adapalene 0.1% swab (<i>Skin Conditions</i>)	Will have a change to its coverage requirements - you will now have to try certain alternative medications before it can be covered.	<ul style="list-style-type: none">All current coverage approvals will end on December 31st.³Consider these covered options which are used to treat the same condition: adapalene 0.1% cream, 0.1% lotion, 0.3% gel, tazarotene 0.1% cream, tretinoin cream, gel, micro gel.	Pharmacy
ADMELOG (<i>Diabetes</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none">Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna.	Pharmacy

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

Together, all the way.®



Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
ADLYXIN (<i>Diabetes</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
APIDRA (<i>Diabetes</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
APOKYN (<i>Parkinson's Disease</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: Kynmobi. 	Pharmacy
BROVANA (<i>Asthma/COPD/Respiratory</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
bupropion XL 450mg tablet (<i>Anxiety/Depression/Bipolar Disorder</i>)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: bupropion XL 150mg tablet. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
BYDUREON (Diabetes)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
BYETTA (Diabetes)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
CHENODAL (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers with Cerebrotendinous cholesterosis (van Bogaert-Scherer-Epstein). Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
clindamycin 1% gel (Skin Conditions)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: clindamycin 1% gel (generic CLEOCIN T), DAPSONE 5% gel, erythromycin 2% gel. 	Pharmacy
CRESTOR (Cholesterol Medications)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
dexchlorpheniramine 2mg/5ml (<i>Allergy/Nasal Sprays</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
dihydroergotamine 4mg/ml spray (<i>Pain Relief and Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
EDARBI (<i>Blood Pressure/ Heart Medications</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
EDARBYCLOR (<i>Blood Pressure/ Heart Medications</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
efavirenz-emtricitabine-tenofovir 600/200/300 tab (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
emtricitabine 200mg capsule (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
etravirine 25mg, 100mg, 200mg tablet (<i>AIDS/HIV</i>)	Will no longer need approval from Cigna before it can be covered.	<ul style="list-style-type: none"> Your doctor's office no longer has to request coverage approval from Cigna. 	Pharmacy
fenoprofen 400mg (<i>Pain Relief and Inflammatory Disease</i>)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
FIASP <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
FORFIVO <i>(Anxiety/Depression/ Bipolar Disorder)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
halobetasol 0.05% foam <i>(Skin Conditions)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: augmented betamethasone dipropionate, betamethasone dipropionate cream/ ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol propionate cream/ointment. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
INSULIN ASPART (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
INSULIN LISPRO (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
INVOKAMET, INVOKAMET XR (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
INVOKANA (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: FARXIGA, JARDIANCE, metformin. 	Pharmacy
JUXTAPID (Cholesterol Medications)	<ul style="list-style-type: none"> Will have a quantity limit.⁴ 	<ul style="list-style-type: none"> Your plan will only cover up to a certain amount of medication at one time. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
KALETRA (AIDS/HIV)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: lopinavir/ritonavir tablet. 	Pharmacy
ketoprofen 25mg capsule (Pain Relief And Inflammatory Disease)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
KEVEYIS (Miscellaneous)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers with periodic paralysis, Myotonia congenital, or Andersen-Tawil syndrome. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
KRISTALOSE 10gm, 20 gm packet (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
lactulose 10 gm packet (Gastrointestinal/ Heartburn)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
levalbuterol HFA (Asthma/COPD/ Respiratory)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List and Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: albuterol HFA. 	Pharmacy
LEXETTE 0.05% foam (Skin Conditions)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
methylphenidate ER 72mg (<i>Attention Deficit Hyperactivity Disorder</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. 	Pharmacy
MULTAQ (<i>Blood Pressure/ Heart Medications</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
MYDAYIS (<i>Attention Deficit Hyperactivity Disorder</i>)	Will move to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
NALFON 400mg capsule (<i>Pain Relief And Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
NAPROSYN 125mg/5ml suspension (<i>Pain Relief And Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
naproxen 125mg/5ml suspension (<i>Pain Relief And Inflammatory Disease</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
niacin 500mg (<i>Cholesterol Medications</i>)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
NIACOR 500mg (<i>Cholesterol Medications</i>)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: niacin ER. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
NORGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
NOVOLOG <i>(Diabetes)</i>	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: HUMALOG, LYUMJEV. 	Pharmacy
orphenadrine-aspirin-caffeine 50-770- 60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
ORPHENGESIC FORTE 50-770-60mg <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
oxiconazole 1% cream <i>(Skin Conditions)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
OZEMPIC <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
OZOBAX 5mg/5ml solution <i>(Pain Relief And Inflammatory Disease)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
PERFOROMIST <i>(Asthma/COPD/Respiratory)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
RELEXXI 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill. Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
REMODULIN <i>(Asthma/COPD/Respiratory)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.³ This medication may cost you more to fill.⁵ Consider these covered options which are used to treat the same condition: treprostinil. 	Pharmacy
RYBELSUS <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
RYCLORA 2mg/5ml <i>(Allergy/Nasal Sprays)</i>	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
SANDOSTATIN LAR <i>(Hormonal Agents)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: SOMATULINE DEPOT. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
SEGLUROMET (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy
SPIRIVA, SPIRIVA RESPIMAT (Asthma/COPD/Respiratory)	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
STEGLATRO (Diabetes)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill. Consider these options which are used to treat the same condition and may cost you less: metformin, FARXIGA, JARDIANCE. 	Pharmacy
STIOLTO RESPIMAT (Asthma/COPD/Respiratory)	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
SYMFI, SYMFILO (AIDS/HIV)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: efavirenz/ lamivudine/tenofovir. 	Pharmacy
SYNTHROID (Hormonal Agents)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Customers currently using this medication won't be affected by this change until March 1st. Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
TASIGNA (Cancer)	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: imatinib, SPRYCEL. 	Pharmacy
THIOLA, THIOLA EC (Urinary Tract Conditions)	<ul style="list-style-type: none"> Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List <u>and</u> Will need approval from Cigna before it can be covered.⁴ 	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. If approved, it may cost you more to fill.⁵ Consider these options which are used to treat the same condition and may cost you less: tiopronin. 	Pharmacy
triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray (Skin Conditions)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
TRULICITY (Diabetes)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
UDENYCA (Blood Modifiers/ Bleeding Disorders)	Will move to a higher tier (non-preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you more to fill.⁴ Consider these options which are used to treat the same condition and may cost you less: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
VICTOZA (Diabetes)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> This change doesn't affect customers using this medication to treat Type 2 Diabetes. All current coverage approvals will end on December 31st.³ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
XOPENEX HFA (Asthma/COPD/Respiratory)	Will need approval from Cigna before it can be covered. ⁴	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
ZIEXTENZO (Blood Modifiers/Bleeding Disorders)	Will move/moved to a lower tier (preferred brand) on the Cigna Legacy (Standard) Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy

Plan/Benefit Exclusions

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

MEDICATION NAME/ DRUG CLASS	MEDICATION NAME/ DRUG CLASS
ATOPICLAIR cream (Skin Conditions)	DERMAZENE cream, cream packet (Skin Conditions)
AVO cream topical emulsion (Skin Conditions)	GORDON'S UREA 22% ointment (Skin Conditions)
B-12 compliance inj kit (Nutritional/Dietary)	HALUCORT gel (Skin Conditions)
balsam peru castor oil ointment (Skin Conditions)	hydrocortisone-iodoquinol-aloe sachet (Skin Conditions)
BENSAL HP 3% ointment* (Skin Conditions)	hydrocortisone-iodoquinol cream (Skin Conditions)
BIAFINE emulsion (Skin Conditions)	KERAFOAM 30%, 42% FOAM (Skin Conditions)
BIONECT 0.2% cream (Skin Conditions)	KERALYT 6% gel, scalp complete kit (Skin Conditions)
BP CLEANSING WASH (Skin Conditions)	MIMYX (Skin Conditions)
CELACYN gel (Skin Conditions)	PAIN EASE medium stream spray (Pain Relief And Inflammatory Disease)
CEM-UREA 45% pre-filled applicator (Skin Conditions)	PHYSICIANS EZ USE B-12 kit (Nutritional/Dietary)

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

* All current coverage approvals will

Medication Coverage Changes - Starting January 1, 2022

Plan/Benefit Exclusions (cont)

MEDICATION NAME/ DRUG CLASS	MEDICATION NAME/ DRUG CLASS
PODOCON-25 liquid (Skin Conditions)	SALVAX 6% foam; SALVAX DUO PLUS combo pack (Skin Conditions)
PR cream kit (Skin Conditions)	silver nitrate 0.5% solution; silver nitrate applicator (Skin Conditions)
PROMISEB topical cream (Skin Conditions)	sodium sulfacetamide-sulfur cleanser (Skin Conditions)
PRUMYX cream (Skin Conditions)	SONAFINE topical emulsion (Skin Conditions)
PRUTECT topical emulsion (Skin Conditions)	UMECTA 40% mousse (Skin Conditions)
QUTENZA 8% kit (1 patch, 2 patch) (Skin Conditions)	URAMAXIN 20% foam (Skin Conditions)
RADIAPLEXRX gel (Skin Conditions)	UREA 35% foam, 39% cream, 40% cream, 40% gel, 40% lotion, 41% cream, 45% cream, 45% nail gel, 47% cream, 50% cream, 50% nail stick (Skin Conditions)
RECEDO topical gel (Skin Conditions)	URE-K 50% cream (Skin Conditions)
salicylic acid 26% liquid, 27.5% liquid, 6% cream, 6% cream kit, 6% foam, 6% gel, 6% lotion, 6% shampoo; salicylic acid ER 28.5% solution (Skin Conditions)	VASHE WOUND THERAPY solution (Miscellaneous)
SALIMEZ FORTE 10% cream (Skin Conditions)	VENELEX ointment (Skin Conditions)
SALKERA 6% foam (Skin Conditions)	XUREA 39% cream (Skin Conditions)

Changes to Cigna's Preventive Medication Program

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

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE
acetazolamide (Diuretics)	This medication is covered on Tier 1 (generic).
acetazolamide ER (Diuretics)	This medication is covered on Tier 1 (generic).
ADRENALIN (Miscellaneous)	This medication isn't covered under your pharmacy benefit. Please talk with your doctor about your covered options (e.g. epinephrine autoinjectors).
albuterol (Asthma/COPD/Respiratory)	This medication is covered on Tier 1 (generic).
ANTARA (Cholesterol Medications)	fenofibrate

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

Medication Coverage Changes - Starting January 1, 2022

Changes to Cigna's Preventive Medication Program *(cont)*

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE
ATROVENT HFA <i>(Asthma/COPD/Respiratory)</i>	This medication is covered on Tier 2 (preferred brand).
AVANDIA <i>(Diabetes)</i>	pioglitazone
BINOSTO <i>(Osteoporosis Products)</i>	alendronate, ibandronate, risedronate, risedronate DR
calcitonin salmon <i>(Osteoporosis Products)</i>	This medication is covered on Tier 1 (generic).
CARDURA XL <i>(Blood Pressure/Heart Medications)</i>	doxazosin
cilostozal <i>(Blood Thinners/Anti-Clotting)</i>	This medication is covered on Tier 1 (generic).
COLESTID <i>(Cholesterol Medications)</i>	colestipol tablet, granules, or packet
COMBIVENT RESPIMAT <i>(Asthma/COPD/Respiratory)</i>	This medication is covered on Tier 2 (preferred brand).
CONJUPRI <i>(Blood Pressure/Heart Medications)</i>	amlodipine, felodipine ER, nicardipine, nifedipine
cromolyn sodium nasal spray <i>(Allergy/Nasal Sprays)</i>	This medication is covered on Tier 1 (generic).
CYCLOSET <i>(Diabetes)</i>	This medication is covered on Tier 3 (non-preferred brand). Please talk with your doctor about lower-cost options.
DERMACINRX PRENATRIX <i>(Nutritional/Dietary)</i>	Any generic prenatal vitamin
EDARBI <i>(Blood Pressure/Heart Medications)</i>	Generic ARBs (e.g. losartan; valsartan)
EDARBYCLOR <i>(Blood Pressure/Heart Medications)</i>	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
ELIXOPHYLLIN <i>(Asthma/COPD/Respiratory)</i>	theophylline oral solution, theophylline ER
EVENITY 2 syringes <i>(Osteoporosis Products)</i>	alendronate, ibandronate, risedronate, raloxifene
FORTEO <i>(Hormonal Agents)</i>	This medication is covered on Tier 2 (preferred brand).
GLYXAMBI <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
HEMANGEOL <i>(Blood Pressure/Heart Medications)</i>	propranolol
INNOPRAN XL <i>(Blood Pressure/Heart Medications)</i>	propranolol ER
INVOKAMET <i>(Diabetes)</i>	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKAMET XR <i>(Diabetes)</i>	SYNJARDY, SYNJARDY XR, XIGDUO XR

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

Medication Coverage Changes - Starting January 1, 2022

Changes to Cigna's Preventive Medication Program *(cont)*

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE
JANUMET <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
JANUMET XR <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
LIPOFEN <i>(Cholesterol Medications)</i>	fenofibrate
LIVALO <i>(Cholesterol Medications)</i>	Generic statins (e.g. atorvastatin; simvastatin)
methazolamide <i>(Diuretics)</i>	This medication is covered on Tier 1 (generic).
phenoxybenzamine <i>(Blood Pressure/Heart Medications)</i>	This medication is covered on Tier 1 (generic).
PREGENNA <i>(Nutritional/Dietary)</i>	Any generic prenatal vitamin
PROLIA <i>(Osteoporosis Products)</i>	alendronate, ibandronate, raloxifene, risedronate
QTERN <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
SEGLUROMET <i>(Diabetes)</i>	SYNJARDY, SYNJARDY XR, XIGDUO XR
SOLIQUA 100-33 <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
sotalol <i>(Blood Pressure/Heart Medications)</i>	This medication is covered on Tier 1 (generic).
SYMLINPEN 120 <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
SYMLINPEN 60 <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
SYNJARDY <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
SYNJARDY XR <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
TEKTURNA HCT <i>(Blood Pressure/Heart Medications)</i>	This medication is covered on Tier 2 (preferred brand).
terbutaline <i>(Asthma/COPD/Respiratory)</i>	This medication is covered on Tier 1 (generic).
THEO-24 <i>(Asthma/COPD/Respiratory)</i>	theophylline ER
theophylline <i>(Asthma/COPD/Respiratory)</i>	This medication is covered on Tier 1 (generic).
TRINAZ <i>(Nutritional/Dietary)</i>	Any generic prenatal vitamin
TYMLOS <i>(Osteoporosis Products)</i>	This medication is covered on Tier 2 (preferred brand).

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

Medication Coverage Changes - Starting January 1, 2022

Changes to Cigna's Preventive Medication Program *(cont)*

MEDICATION NAME/ DRUG CLASS	MEDICATION(S) AVAILABLE AT YOUR PREVENTIVE COST-SHARE
VASCEPA <i>(Cholesterol Medications)</i>	omega-3 acid ethyl esters
XGEVA <i>(Osteoporosis Products)</i>	alendronate, ibandronate, raloxifene, risedronate
XIGDUO XR <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
XOLAIR <i>(Asthma/COPD/Respiratory)</i>	This medication is covered on Tier 2 (preferred brand).
XOPENEX HFA <i>(Asthma/COPD/Respiratory)</i>	albuterol sulfate HFA
XULTOPHY 100-3.6 <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
YOSPRALA <i>(Blood Thinners/Anti-Clotting)</i>	Aspirin or enteric aspirin is available over-the-counter.
ZILEUTON ER <i>(Asthma/COPD/Respiratory)</i>	This medication is covered on Tier 1 (generic).
ZYFLO <i>(Asthma/COPD/Respiratory)</i>	montelukast, zafirlukast, zileuton ER

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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 Texas and Louisiana may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, it 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 his or her office to contact Cigna to start the coverage review process, or to appeal the denial of coverage. They know how the process works and will take care of everything for you.
4. This change may not apply to your specific plan. Log in to the myCigna® App or myCigna.com to see how your plan covers this medication.
5. If your plan covers this medication on Tier 4, your cost-share won't change.

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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