

Changes to your plan's drug list

Starting January 1, 2024

These are the changes Cigna HealthcareSM is making to the **National Preferred 3-Tier Prescription Drug List** as of January 1, 2024.¹ Medications are listed alphabetically by the change taking place. If you're affected by one of these changes, we'll send you a letter with specific information on next steps.

Medications that will be added to the drug list

These medications may cost you less to fill.

MEDICATION NAME	DRUG CLASS	ADDITIONAL INFORMATION
INSULIN LISPRO (U100 KWIKPEN, JR KWIKPEN, MIX KWIKPEN)	Diabetes	This medication will be preferred brand (Tier 2)
PREGNYL	Infertility	This medication will be non-preferred brand (Tier 3)
STRIVERDI RESPIMAT	Asthma/COPD/Respiratory	This medication will be preferred brand (Tier 2)

Medications that will be covered on a higher tier

These medications may cost you more to fill. There are other lower-cost medications available that can be used to treat the same condition. We've listed some options below.

MEDICATION NAME	DRUG CLASS	GENERIC AND/OR PREFERRED MEDICATIONS
ENDOMETRIN	Infertility	This will be non-preferred brand (Tier 3)

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

Drug List Changes - Starting January 1, 2024

Medications that will no longer be covered (being taken off the drug list) – and their covered alternatives²

There are other medications available that can be used to treat the same condition. We've listed some covered options below.

MEDICATION NAME	DRUG CLASS	GENERICS AND/OR PREFERRED MEDICATIONS
AMJEVITA(CF) ³ , AUTOINJECTOR ³	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
APLENZIN ⁴	Anxiety/Depression/Bipolar Disorder	bupropion xl 150 mg or 300 mg
AUBAGIO ³	Multiple Sclerosis	teriflunomide
BEVESPI AEROSPHERE	Asthma/COPD/Respiratory	ANORO ELLIPTA, STIOLTO RESPIMAT
BIDIL	Blood Pressure/Heart Medications	hydralazine, isosorbide dinitrate
BRAFTOVI ⁴	Cancer	TAFINLAR, ZELBORAF
CARAFATE	Gastrointestinal/Heartburn	sucralfate
CHORIONIC GONADOTROPIN	Infertility	NOVAREL, OVIDREL
CITRANATAL 90 DHA, ASSURE, B-CALM, BLOOM, DHA, HARMONY, MEDLEY, RX	Nutritional/Dietary	generic prenatal vitamins
DYANAVAL XR ³	Attention Deficit Hyperactivity Disorder	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
FULPHILA ³	Blood Modifiers/Bleeding Disorders	ZIEXTENZO
IBRANCE ⁵	Cancer	KISQALI, VERZENIO
KEVEYIS ⁶	Miscellaneous	dichlorphenamide
KUVAN ³	Miscellaneous	sapropterin
LATUDA	Schizophrenia/Anti-Psychotics	lurasidone
LEVEMIR, FLEXPEN, FLEXTOUCH	Diabetes	SEMGLEE (YFGN), TOUJEO, TRESIBA
LUZU	Skin Conditions	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
MEKTOVI ⁴	Cancer	COTELLIC, MEKINIST
NATESTO ³	Hormonal Agents	testosterone gel, testosterone solution, ANDRODERM PATCHES
NORDITROPIN FLEXPRO ³	Hormonal Agents	GENOTROPIN, OMNITROPE
OSMOLEX ER ⁶	Parkinson's Disease	amantadine capsules, amantadine oral solution, amantadine tablets
OXAYDO ⁴	Pain Relief and Inflammatory Disease	oxycodone
QUILLICHEW ER ³	Attention Deficit Hyperactivity Disorder	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
QUILLIVANT XR ³	Attention Deficit Hyperactivity Disorder	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
SEREVENT DISKUS	Asthma/COPD/Respiratory	STRIVERDI RESPIMAT

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Drug List Changes - Starting January 1, 2024

Medications that will no longer be covered – and their covered alternatives² (cont.)

MEDICATION NAME	DRUG CLASS	GENERICS AND/OR PREFERRED MEDICATIONS
SIVEXTRO ³	Infections	linezolid
STEGLUJAN ³	Diabetes	GLYXAMBI
TOVIAZ ³	Urinary Tract Conditions	fesoterodine
VOQUEZNA DUAL PAK, TRIPLE PAK	Gastrointestinal/Heartburn	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
XULTOPHY 100-3.6	Diabetes	SOLIQUA
YONSA ⁵	Cancer	abiraterone, XTANDI
ZOLPIMIST ³	Sleep Disorders/Sedatives	eszopiclone, zaleplon, zolpidem

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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 Healthcare ID card, 24/7/365.



- 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. 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.
3. **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.
4. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31, 2024.** After that time, it will no longer be covered.
5. **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.** However, starting January 1st, it will cost more to fill.
6. **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.**

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 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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