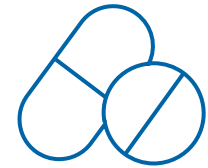


Medication Coverage Changes



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. Some medications are covered under the pharmacy benefit, some under the medical benefit, and others are covered under both benefits. Typically, medications that you take yourself and fill at a retail pharmacy or through home delivery are covered under the pharmacy benefit. 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.

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 no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider 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, tretinoin gel, micro gel. 	Pharmacy
APOKYN (<i>Parkinson's Disease</i>)	Will move to a higher tier (non-preferred brand) on the Cigna Value 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
ASCENIV (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical

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
ATRIPLA (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: efavirenz/emtricitabine/tenofovir. 	Pharmacy
BIVIGAM (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
BROVANA (Asthma/COPD/ Respiratory)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: arformoterol nebulizer solution (generic BROVANA). 	Pharmacy
bupropion XL 450mg tablet (Anxiety/Depression/ Bipolar Disorder)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: bupropion XL 150mg tablet. 	Pharmacy
BYDUREON (Diabetes)	Will need approval from Cigna before it can be covered. ⁶	<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.⁴ 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. ⁶	<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.⁴ 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. ⁶	<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)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: clindamycin 1% gel (generic CLEOCIN T), dapsone 5% gel, topical erythromycin 2% gel. 	Pharmacy

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

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
CUTAQUIG (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
CUVITRU (Miscellaneous)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
dexchlorpheniramine 2mg/5ml (Allergy/Nasal Sprays)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
dihydroergotamine 4mg/ml spray (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: sumatriptan nasal spray. 	Pharmacy
efavirenz-emtricitabine-tenofovir 600/200/300 tab (AIDS/HIV)	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 (AIDS/HIV)	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
EMTRIVA 200mg capule (AIDS/HIV)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: emtricitabine capsule. 	Pharmacy
etravirine 25mg, 100mg, 200mg tablet (AIDS/HIV)	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 (Pain Relief and Inflammatory Disease)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
FERAHEME (Nutritional/Dietary)	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
FORFIVO (Anxiety/Depression/ Bipolar Disorder)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: 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
GAMMAGARD liquid, GAMMAGARD S/D <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical
halobetasol 0.05% foam <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: augmented betamethasone dipropionate, betamethasone dipropionate cream/ointment, clobetasol propionate, fluocinonide 0.1% cream, halobetasol cream/ointment. 	Pharmacy
HYQVIA <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
INJECTAFER <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
INTELENCE <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: etravirine. 	Pharmacy
JUXTAPID <i>(Cholesterol Medications)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Consider these covered options which are used to treat the same condition: REPATHA. 	Pharmacy
KALETRA <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: lopinavir/ritonavir tablet. 	Pharmacy
ketoprofen 25mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
KEVEYIS <i>(Miscellaneous)</i>	Will need approval from Cigna before it can be covered. ⁶	<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

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
KRISTALOSE 10gm, 20gm packet <i>(Gastrointestinal/ Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
lactulose 10gm packet <i>(Gastrointestinal/ Heartburn)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: CONSTULOSE, ENULOSE, lactulose solution. 	Pharmacy
levalbuterol HFA <i>(Asthma/COPD/ Respiratory)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: albuterol HFA. 	Pharmacy
methylphenidate ER 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} Consider these covered options which are used to treat the same condition: methylphenidate ER 36mg tablet. 	Pharmacy
MONOFERRIC <i>(Nutritional/Dietary)</i>	Will need approval from Cigna before it can be covered. ⁶	<ul style="list-style-type: none"> Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Medical
MULTAQ <i>(Blood Pressure/Heart Medications)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> This change doesn't affect customers currently using this medication. Consider these covered options which are used to treat the same condition: amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol AF. 	Pharmacy
NALFON 400mg capsule <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
NAPROSYN 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: Generic NSAID (e.g. celecoxib; meloxicam). 	Pharmacy
naproxen 125mg/5ml suspension <i>(Pain Relief And Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: 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
niacin 500mg (<i>Cholesterol Medications</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
NIACOR 500mg (<i>Cholesterol Medications</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: niacin ER. 	Pharmacy
NORGESIC FORTE 50-770-60mg (<i>Pain Relief And Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
orphenadrine-aspirin-caffeine 50-770-60mg (<i>Pain Relief And Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
ORPHENGESIC FORTE 50-770-60mg (<i>Pain Relief And Inflammatory Disease</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: chlorzoxazone 500mg tablet, metaxalone, methocarbamol, orphenadrine ER. 	Pharmacy
oxiconazole 1% cream (<i>Skin Conditions</i>)	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: econazole cream, ketoconazole cream, naftifine cream. 	Pharmacy
OZEMPIC (<i>Diabetes</i>)	Will need approval from Cigna before it can be covered. ⁶	<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.⁴ 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 no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: baclofen tablet. 	Pharmacy
PANZYGA (<i>Miscellaneous</i>)	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: FLEBOGAMMA, GAMMAKED, GAMMAPLEX, GAMUNEX-C, OCTAGAM, PRIVIGEN. 	Medical

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 no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: formoterol nebulizer solution (generic PERFOROMIST). 	Pharmacy
RELEXXI 72mg <i>(Attention Deficit Hyperactivity Disorder)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> If you currently have approval for this medication to be covered, that approval will end on December 31st.^{4,6} 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 Value Prescription Drug List.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ This medication may cost you more to fill.⁵ Consider these covered options which are used to treat the same condition: treprostinil. 	Pharmacy
	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these preferred medications which are used to treat the same condition: treprostinil. 	Medical
RYBELSUS <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<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.⁴ 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 no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: carbinoxamine, cyproheptadine, hydroxyzine. 	Pharmacy
SANDOSTATIN LAR <i>(Hormonal Agents)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Value 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
SEGLUROMET <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: SYNJARDY, SYNJARDY XR, XIGDUO XR. 	Pharmacy

Medication Coverage Changes - Starting January 1, 2022

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION	BENEFIT IT'S COVERED UNDER
SPIRIVA, SPIRIVA RESPIMAT <i>(Asthma/COPD/ Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
STEGLATRO <i>(Diabetes)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> All current coverage approvals will end on December 31st.⁴ Consider these covered options which are used to treat the same condition: FARXIGA, JARDIANCE, metformin. 	Pharmacy
STIOLTO RESPIMAT <i>(Asthma/COPD/ Respiratory)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This means it may cost you less to fill. 	Pharmacy
SYMFI, SYMFI LO <i>(AIDS/HIV)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: efravirenz-lamivudine-tenofovir. 	Pharmacy
SYNTHROID <i>(Hormonal Agents)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: levothyroxine. 	Pharmacy
TASIGNA <i>(Cancer)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Value 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 <i>(Urinary Tract Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: tiopronin. 	Pharmacy
triamcinolone 0.05% ointment, triamcinolone 0.147 mg/g spray <i>(Skin Conditions)</i>	Will no longer be covered because it's being taken off the Cigna Value Prescription Drug List. ³	<ul style="list-style-type: none"> Consider these covered options which are used to treat the same condition: desoximetasone 0.05% cream/ointment, fluocinolone 0.025% ointment, flurandrenolide 0.05% ointment, hydrocortisone valerate 0.2% ointment. mometasone 0.1% cream. 	Pharmacy
TRULICITY <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<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.⁴ 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
UDENYCA <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move to a higher tier (non-preferred brand) on the Cigna Value 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: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Pharmacy
	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: NEULASTA, NYVEPRIA, ZIEXTENZO. 	Medical
VICTOZA <i>(Diabetes)</i>	Will need approval from Cigna before it can be covered. ⁶	<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.⁴ Your plan will only cover this medication if your doctor's office requests and receives approval from Cigna. 	Pharmacy
XEMBIFY <i>(Miscellaneous)</i>	Will no longer be a preferred medication under the medical benefit.	<ul style="list-style-type: none"> Consider these preferred medications which are used to treat the same condition: GAMMAKED, GAMUNEX-C, HIZENTRA. 	Medical
ZIEXTENZO <i>(Blood Modifiers/ Bleeding Disorders)</i>	Will move/moved to a lower tier (preferred brand) on the Cigna Value Prescription Drug List.	<ul style="list-style-type: none"> This medication may cost you less to fill. 	Pharmacy
	Will be a preferred medication under the medical benefit.		Medical

Medication Coverage Changes - Starting January 1, 2022

Plan/Benefit Exclusions

The medications listed below will be excluded from coverage on the Cigna Value 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)	PODOCON-25 liquid (Skin Conditions)
AVO cream topical emulsion (Skin Conditions)	PR cream kit (Skin Conditions)
B-12 compliance inj kit (Nutritional/Dietary)	PROMISEB topical cream (Skin Conditions)
balsam peru castor oil ointment (Skin Conditions)	PRUMYX cream (Skin Conditions)
BENSAL HP 3% ointment (Skin Conditions)	PRUTECT topical emulsion (Skin Conditions)
BIAFINE emulsion (Skin Conditions)	QUTENZA 8% kit (1 patch, 2 patch) (Skin Conditions)
BIONECT 0.2% cream (Skin Conditions)	RADIAPLEXRX gel (Skin Conditions)
BP CLEANSING WASH (Skin Conditions)	RECEDO topical gel (Skin Conditions)
CELACYN gel (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)
CEM-UREA 45% pre-filled applicator (Skin Conditions)	SALIMEZ FORTE 10% cream (Skin Conditions)
DERMAZENE cream, cream packet (Skin Conditions)	SALKERA 6% foam (Skin Conditions)
GORDON'S UREA 22% ointment (Skin Conditions)	SALVAX 6% foam; SALVAX DUO PLUS combo pack (Skin Conditions)
HALUCORT gel (Skin Conditions)	silver nitrate 0.5% solution, silver nitrate applicator (Skin Conditions)
hydrocortisone-iodoquinol-aloe sachet (Skin Conditions)	sodium sulfacetamide-sulfur cleanser (Skin Conditions)
hydrocortisone-iodoquinol cream (Skin Conditions)	SONAFINE topical emulsion (Skin Conditions)
KERAFOAM 30%, 42% FOAM (Skin Conditions)	UMECTA 40% mousse (Skin Conditions)
KERALYT 6% gel, scalp complete kit (Skin Conditions)	URAMAXIN 20% foam (Skin Conditions)
MIMYX (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)
PAIN EASE medium stream spray (Pain Relief And Inflammatory Disease)	
PHYSICIANS EZ USE B-12 kit (Nutritional/Dietary)	

Medication Coverage Changes - Starting January 1, 2022

Plan/Benefit Exclusions (cont)

MEDICATION NAME/ DRUG CLASS	MEDICATION NAME/ DRUG CLASS
URE-K 50% cream (Skin Conditions)	VENELEX ointment (Skin Conditions)
VASHE WOUND THERAPY solution (Miscellaneous)	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).
ATROVENT HFA (Asthma/COPD/Respiratory)	This medication is covered on Tier 2 (preferred brand).
AVANDIA (Diabetes)	pioglitazone
BINOSTO (Osteoporosis Products)	alendronate, ibandronate, risedronate, risedronate DR
calcitonin salmon (Osteoporosis Products)	This medication is covered on Tier 1 (generic).
CARDURA XL (Blood Pressure/Heart Medications)	doxazosin
cilostozal (Blood Thinners/Anti-Clotting)	This medication is covered on Tier 1 (generic).
COLESTID (Cholesterol Medications)	colestipol granules, packet or tablet
COMBIVENT RESPIMAT (Asthma/COPD/Respiratory)	This medication is covered on Tier 3 (non-preferred brand). Please talk with your doctor about lower-cost options.
cromolyn sodium nasal spray (Allergy/Nasal Sprays)	This medication is covered on Tier 1 (generic).
CYCLOSET (Diabetes)	This medication is covered on Tier 3 (non-preferred brand). Please talk with your doctor about lower-cost options.
elixophyllin (Asthma/COPD/Respiratory)	theophylline oral solution, theophylline ER

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
EVENITY 2 syringes <i>(Osteoporosis Products)</i>	alendronate, ibandronate, raloxifene, risedronate
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
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
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).
PROLIA <i>(Osteoporosis Products)</i>	alendronate, ibrandronate, raloxifene, risedronate
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).
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).
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 medications are listed in all capital letters.

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, ibrandronate, 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).
XULTOPHY 100-3.6 <i>(Diabetes)</i>	This medication is covered on Tier 2 (preferred brand).
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

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



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, 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 feels an alternative isn't right for you, your doctor can ask Cigna to consider approving coverage of this medication.
4. 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.
5. If your plan covers this medication on Tier 4, your cost-share won't change.
6. **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.

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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