

Medication Coverage Changes

For 2026

These are the changes we're making to the Cigna Healthcare® Prescription Drug Lists in 2026.¹ Medications are listed alphabetically by drug list name.

If one of your patients has Cigna Healthcare-administered benefits and is affected by one of these changes, we'll send you and your patient a letter with specific information on next steps.

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Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	liraglutide	Diabetes

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	AVALIDE ⁴	Blood Pressure/ Heart Medications	irbesartan-hctz
	CARDURA	Blood Pressure/ Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/ Heart Medications	clonidine patch
	CLARINEX	Allergy/Nasal Sprays	desloratadine
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	ivabradine tablet

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

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/ Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	HYZAAR ⁴	Blood Pressure/ Heart Medications	losartan-hctz
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	MICARDIS ⁴	Blood Pressure/ Heart Medications	telmisartan
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUGH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PREVACID DR ⁴	Gastrointestinal/Heartburn	lansoprazole
	PROSCAR	Urinary Tract Conditions	finasteride
	PROTONIX ⁴	Gastrointestinal/Heartburn	pantoprazole
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TRIBENZOR	Blood Pressure/ Heart Medications	olmesartan-amlodipine-hctz
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib

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

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²
	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)

Medications that will be covered on a higher tier.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
January 1	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	liraglutide	Diabetes

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate

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

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	AVALIDE ⁴	Blood Pressure/Heart Medications	irbesartan-hctz
	CARDURA	Blood Pressure/Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/Heart Medications	clonidine patch
	CLARINEX	Allergy/Nasal Sprays	desloratadine
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	HYZAAR ⁴	Blood Pressure/Heart Medications	losartan-hctz
	INVEGA ER TABLET ⁴	Schizophrenia/Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/Anti-Clotting	enoxaparin
	MICARDIS ⁴	Blood Pressure/Heart Medications	telmisartan
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole

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

Cigna Healthcare Performance Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ONETOUGH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PREVACID DR ⁴	Gastrointestinal/Heartburn	lansoprazole
	PROSCAR	Urinary Tract Conditions	finasteride
	PROTONIX ⁴	Gastrointestinal/Heartburn	pantoprazole
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	STELARA 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	TRIBENZOR	Blood Pressure/ Heart Medications	olmesartan-amlodipine-hctz
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib
	USTEKINUMAB 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VELCADE ⁷	Cancer	bortezomib

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

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

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	liraglutide	Diabetes

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/Anti-Clotting	prasugrel

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

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib

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Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)

Medications that will be covered on a higher tier.

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
January 1	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	liraglutide	Diabetes

Medications that will no longer be covered – and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate

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

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/Anti-Clotting	prasugrel
	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	INVEGA ER TABLET ⁴	Schizophrenia/Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	ONFI ORAL SUSPENSION, TABLET ⁵	Seizure Disorders	clobazam
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/Heart Medications	icatibant
	STELARA 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

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

Cigna Healthcare Advantage Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib
	USTEKINUMAB 130 MG VIAL ⁷	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VELCADE ⁷	Cancer	bortezomib

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

There are preferred medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy ²
	FREESTYLE TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
January 1	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	2	ivabradine tablet
	NEXIUM 2.5 MG, 5 MG PACKET*	Gastrointestinal/ Heartburn	2	esomeprazole
	ONE TOUCH TEST STRIP*	Diabetes	3	FREESTYLE, TRUE METRIX TEST STRIP

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	ACTIVELLA	Hormonal Agents
	ACTONEL ⁹	Osteoporosis Products
	ARAVA	Pain Relief and Inflammatory Disease
	ARICEPT	Alzheimer's Disease
	AVALIDE ⁵	Blood Pressure/Heart Medications
	CARDURA	Blood Pressure/Heart Medications
	CATAPRES-TTS	Blood Pressure/Heart Medications

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

Cigna Healthcare Legacy (Standard) Prescription Drug List *(cont.)*

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.² *(cont.)*

Date Change Starts	Medication Name	Drug Class
January 1	CLARINEX	Allergy/Nasal Sprays
	DALIRESP	Asthma/COPD/Respiratory
	EFFIENT	Blood Thinners/Anti-Clotting
	EVISTA	Osteoporosis Products
	FETZIMA ⁵	Anxiety/Depression/Bipolar Disorder
	HYZAAR ⁵	Blood Pressure/Heart Medications
	INVEGA ER TABLET ⁹	Schizophrenia/Anti-Psychotics
	liraglutide	Diabetes
	LOVENOX	Blood Thinners/Anti-Clotting
	MICARDIS ⁵	Blood Pressure/Heart Medications
	NAMENDA	Alzheimer's Disease
	NAMENDA XR	Alzheimer's Disease
	NAMZARIC	Alzheimer's Disease
	PREVACID DR ⁵	Gastrointestinal/Heartburn
	PROSCAR	Urinary Tract Conditions
	PROTONIX ⁵	Gastrointestinal/Heartburn
	RAPAFLO	Urinary Tract Conditions
	TRIBENZOR	Blood Pressure/Heart Medications

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

There are preferred medications available that treat the same condition. We've listed some options below.

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

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Medications that will move to a lower tier/be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	AUVELITY	Anxiety/Depression/ Bipolar Disorder	This medication will: • Be added to the drug list as a preferred brand (Tier 2) and • Require Step Therapy²
	FREESTYLE TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	FREESTYLE GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be a preferred brand (Tier 2)
	TRUE METRIX, TRUE METRIX AIR GLUCOMETER	Diabetes	This product will be a preferred brand (Tier 2)

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

Date Change Starts	Medication Name	Drug Class	New Tier	Generic and/or Preferred Brand Medications
January 1	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/ Heart Medications	2	ivabradine tablet
	NEXIUM 2.5 MG, 5 MG PACKET*	Gastrointestinal/ Heartburn	2	esomeprazole
	ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER
	ONE TOUCH TEST STRIP*	Diabetes	3	FREESTYLE, TRUE METRIX TEST STRIP
	STELARA 130 MG VIAL ⁹	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁹	Pain Relief and Inflammatory Disease	3	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	VELCADE ⁷	Cancer	2	bortezomib

* Starting January 1, for plans with utilization management, this medication will also need approval prior authorization from Cigna Healthcare to be covered.

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

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

For patients who have
coverage through
their employer

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	ACTIVELLA	Hormonal Agents
	ACTONEL ⁴	Osteoporosis Products
	ARAVA	Pain Relief and Inflammatory Disease
	ARICEPT	Alzheimer's Disease
	AVALIDE ⁵	Blood Pressure/Heart Medications
	CARDURA	Blood Pressure/Heart Medications
	CATAPRES-TTS	Blood Pressure/Heart Medications
	CLARINEX	Allergy/Nasal Sprays
	DALIRESP	Asthma/COPD/Respiratory
	EFFIENT	Blood Thinners/Anti-Clotting
	EVISTA	Osteoporosis Products
	FETZIMA ⁵	Anxiety/Depression/Bipolar Disorder
	HYZAAR ⁵	Blood Pressure/Heart Medications
	INVEGA ER TABLET ⁴	Schizophrenia/Anti-Psychotics
	liraglutide	Diabetes
	LOVENOX	Blood Thinners/Anti-Clotting
	MICARDIS ⁵	Blood Pressure/Heart Medications
	NAMENDA	Alzheimer's Disease
	NAMENDA XR	Alzheimer's Disease
	NAMZARIC	Alzheimer's Disease
	PREVACID DR ⁵	Gastrointestinal/Heartburn
	PROSCAR	Urinary Tract Conditions
	PROTONIX ⁵	Gastrointestinal/Heartburn
	RAPAFLO	Urinary Tract Conditions
	TRIBENZOR	Blood Pressure/Heart Medications

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

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

For patients who have coverage through their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	FREESTYLE TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)
	TRUE METRIX TEST STRIP	Diabetes	This product will be added to the drug list as a preferred brand (Tier 2)

Medications that will need prior authorization from Cigna Healthcare to be covered.²

Date Change Starts	Medication Name	Drug Class
January 1	liraglutide	Diabetes

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ACTIVELLA	Hormonal Agents	generic ACTIVELLA (mimvey, estradiol-norethindrone, amabelz)
	ACTONEL ⁴	Osteoporosis Products	risedronate
	ADDERALL ⁵	Attention Deficit Hyperactivity Disorder	dextroamphetamine-amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	ARAVA	Pain Relief and Inflammatory Disease	leflunomide
	ARICEPT	Alzheimer's Disease	donepezil
	CARDURA	Blood Pressure/Heart Medications	doxazosin
	CATAPRES-TTS	Blood Pressure/Heart Medications	clonidine patch
	CORLANOR 5 MG, 7.5 MG ⁶	Blood Pressure/Heart Medications	ivabradine tablet
	DALIRESP	Asthma/COPD/Respiratory	roflumilast
	EFFIENT	Blood Thinners/Anti-Clotting	prasugrel

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

Cigna Healthcare Total Savings Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	EVEKEO ⁵	Attention Deficit Hyperactivity Disorder	amphetamine, dexamethylphenidate, dextroamphetamine, methamphetamine, methylphenidate
	EVISTA	Osteoporosis Products	raloxifene
	FERRIPROX 500 MG, 1,000 MG (3 TIMES/DAY) TABLET ⁶	Miscellaneous	deferiprone 500 mg, 1,000 mg tablet (3 times a day) tablet
	FETZIMA ⁵	Anxiety/Depression/ Bipolar Disorder	bupropion sr, duloxetine, escitalopram, sertraline, venlafaxine er
	HETLIOZ ⁶	Sleep Disorders	tasimelteon
	INVEGA ER TABLET ⁴	Schizophrenia/ Anti-Psychotics	paliperidone er tablet
	LOVENOX	Blood Thinners/ Anti-Clotting	enoxaparin
	NAMENDA	Alzheimer's Disease	memantine
	NAMENDA XR	Alzheimer's Disease	memantine er capsule
	NAMZARIC	Alzheimer's Disease	memantine-donepezil
	NEURONTIN ⁵	Seizure Disorders	gabapentin
	NEXIUM 2.5 MG, 5 MG PACKET	Gastrointestinal/Heartburn	esomeprazole
	ONETOUCH TEST STRIP	Diabetes	FREESTYLE, TRUE METRIX TEST STRIP
	PROSCAR	Urinary Tract Conditions	finasteride
	RAPAFLO	Urinary Tract Conditions	silodosin
	sajazir	Blood Pressure/ Heart Medications	icatibant
	TIKOSYN ⁵	Blood Pressure/ Heart Medications	dofetilide
	TYKERB ⁵	Cancer	lapatinib

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

Cigna Healthcare Total Savings
Prescription Drug List (cont.)

For patients who have
coverage through
their employer

Medications that will be non-preferred under the Cigna Healthcare medical benefit.*

Date Change Starts	Medication Name	Drug Class	Preferred medications
January 1	STELARA 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK
	USTEKINUMAB 130 MG VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI, USTEKINUMAB-TTWE, YESINTEK

* Some medications are covered under the pharmacy benefit, some are covered under the medical benefit and others are covered under both benefits. Medications that are injected or infused and are given to you at a doctor's office, hospital, an infusion center or at home are typically covered under the medical benefit.

Medications that will move to a lower tier, be preferred or be added to the drug list.

Date Change Starts	Medication Name	Drug Class	More Information
January 1	INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	Miscellaneous	This medication will be a preferred brand.

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

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ONETOUCH ULTRA CONTROL SOLUTION	Diabetes	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION
	ONETOUCH VERIO HIGH, MID CONTROL SOLUTION	Diabetes	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION

Medications that will no longer be covered — and their covered alternatives.³

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ACTEMRA ACTPEN, SYRINGE ⁴	Pain Relief and Inflammatory Disease	TYENNE AUTO-INJECTOR, SYRINGE; ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADBIM (CF), ADALIMUMAB-RYVK (CF), ENBREL, SIMLANDI (CF) AUTO-INJECTOR
	ARNUITY ELLIPTA	Asthma/COPD/Respiratory	ASMANEX, ASMANEX HFA, QVAR REDIHALER
	AUSTEDO ⁴ , AUSTEDO XR ⁴	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
	azelastine-fluticasone 0.1% (137 mcg) spray ⁴	Allergy/Nasal Sprays	azelastine, fluticasone nasal spray
	BRILINTA ⁴	Blood Thinners/Anti-Clotting	ticagrelor

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered – and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or Preferred Brand Medications
January 1	ciclopirox 8% treatment kit	Skin Conditions	ciclopirox solution, tavaborole
	crotan	Infections	permethrin
	CYLTEZO (CF) ⁴	Pain Relief and Inflammatory Disease	ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADB (CF), ADALIMUMAB-RYVK (CF) AUTO-INJECTOR, SIMLANDI (CF) AUTO-INJECTOR
	DENAVIR	Skin Conditions	acyclovir capsule, cream, oral suspension, tablet; famciclovir, valacyclovir
	DYRENIUM	Diuretics	amiloride, eplerenone, spironolactone
	ENDARI ⁴	Blood Modifiers/ Bleeding Disorders	l-glutamine 5 gram powder packet
	EPSOLAY ⁴	Skin Conditions	azelaic acid, ivermectin, metronidazole, rosula, FINACEA
	fosfomycin	Infections	nitrofurantoin macro, nitrofurantoin mono-macro, sulfamethoxazole-trimethoprim, trimethoprim
	naftifine	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	NAFTIN	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	NOURIANZ ⁸	Parkinson's Disease	cabergoline, entacapone, pramipexole, rasagiline, ropinirole
	opium tincture	Gastrointestinal/ Heartburn	diphenoxylate-atropine, loperamide
	oxiconazole	Skin Conditions	ciclopirox 0.77%, clotrimazole, econazole, ketoconazole
	OXTELLAR XR ⁴	Seizure Disorders	oxcarbazepine er
	OXYCONTIN ER ⁸	Pain Relief and Inflammatory Disease	hydrocodone er, hydromorphone er, morphine er, oxymorphone er, HYSINGLA ER
	paroxetine 7.5 mg capsule ⁴	Anxiety/Depression/ Bipolar Disorder	paroxetine er, paroxetine
	penciclovir	Skin Conditions	acyclovir capsule, cream, oral suspension, tablet; famciclovir, valacyclovir
	PROLENSA 0.7% drops ⁴	Eye Conditions	bromfenac drops
	PROMACTA ⁶	Blood Modifiers/ Bleeding Disorders	eltrombopag
	pruradik	Infections	permethrin
	RASUVO ⁴	Pain Relief and Inflammatory Disease	methotrexate injection

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

Cigna Healthcare National Preferred Prescription Drug List (cont.)

For patients who have coverage through their employer

Medications that will no longer be covered — and their covered alternatives.³ (cont.)

Date Change Starts	Medication Name	Drug Class	Generic and/or preferred brand medications
January 1	REVLIMID ¹⁰	Cancer	lenalidomide
	SPRIX ⁴	Pain Relief and Inflammatory Disease	diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen
	STELARA SYRINGE ¹¹ , STELARA 45 MG/0.5 ML VIAL ¹¹	Pain Relief and Inflammatory Disease	SELARSDI SYRINGE, USTEKINUMAB-TTWE SYRINGE (made by Quallent), YESINTEK SYRINGE
	SYMBICORT ⁶	Asthma/COPD/Respiratory	brey-na, budesonide-formoterol
	tafluprost ⁴	Eye Conditions	bimatoprost, latanoprost
	TASIGNA ⁶	Cancer	nilotinib
	telmisartan-amlodipine	Blood Pressure/Heart Medications	amlodipine-olmesartan, amlodipine-valsartan
	THIOLA EC ⁶	Urinary Tract Conditions	tiopronin, venxxiva
	travoprost ⁴	Eye Conditions	bimatoprost, latanoprost
	TREXALL	Cancer	methotrexate
	triamterene	Diuretics	amiloride, eplerenone, spironolactone
	TWYNEO ⁴	Skin Conditions	adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin-tretinoin, tretinoin
	VELPHORO	Nutritional/Dietary	lanthanum carbonate, sevelamer carbonate, sevelamer hcl

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

1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. For example, if we're making a change to your medication on January 1 but your new plan year doesn't start until November 1, the change(s) won't affect you until November 1. To find out if these laws apply to you, please call the number on your ID card.
 - **Connecticut, Louisiana, Nevada, 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.
2. **This change may not affect you.** Not all plans have extra coverage rules (requirements) on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.
3. If your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover this medication. Ask your doctor's office to contact us 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 and continue to fill this medication on or after January 1, it won't be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.
4. **If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
5. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it as long as your prescription doesn't change.
6. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
7. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.

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

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

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Medications that will be covered on a higher tier as of January 1, 2026.

Your patients can go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) and review the 2026 drug list to see what tier the medication will be covered on. There may be lower-cost options available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List (cont.)

Small Group Plans for
employers with 2-100
employees

Medications that, as of January 1, 2026, need prior authorization from Cigna Healthcare to be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. Meaning, that if we approve coverage, it may cost your patient more to fill. Patients can go to Cigna.com/small-group-drug-lists and review the 2026 drug list to see what tier the medication will be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered – and their covered alternatives.¹

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor

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

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine-rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib

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

Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List *(cont.)*

Small Group Plans for
employers with 2-100
employees

Medications that will no longer be covered — and their covered alternatives.¹ *(cont.)*

Medication Name	Generic and/or Preferred Brand Medications
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

*This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Your patients can go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) and review the 2026 drug list to see what tier the medication will be covered on. There may be lower-cost options available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Cigna Healthcare Plus Tennessee 5-Tier Prescription Drug List (cont.)

Small Group Plans for
employers with 2-100
employees

Medications that, as of January 1, 2026, need prior authorization from Cigna Healthcare to be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. Meaning, that if we approve coverage, it may cost your patient more to fill. Patients can go to Cigna.com/small-group-drug-lists and review the 2026 drug list to see what tier the medication will be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered – and their covered alternatives.¹

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor

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

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine-rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib

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

Cigna Healthcare Plus Tennessee 5-Tier Prescription Drug List *(cont.)*

Small Group Plans for
employers with 2-100
employees

Medications that will no longer be covered — and their covered alternatives.¹ *(cont.)*

Medication Name	Generic and/or Preferred Brand Medications
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Your patients can go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) and review the 2026 drug list to see what tier the medication will be covered on. There may be lower-cost options available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Medications that, as of January 1, 2026, need prior authorization from Cigna Healthcare to be covered.

Medication Name	Medication Name
crotan 10% lotion*	testosterone 1% gel
ERTACZO 2% CREAM	testosterone 1.62% gel
SUCRAID	

* Starting January 1, this medication will also move to a higher tier. Meaning, that if we approve coverage, it may cost your patient more to fill. Patients can go to Cigna.com/small-group-drug-lists and review the 2026 drug list to see what tier the medication will be covered on.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered — and their covered alternatives.¹

There are other medications on the drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor

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

Medications that will no longer be covered – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine-rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib

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

Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List (cont.)

Small Group Plans for
employers with 2-100
employees

Medications that will no longer be covered — and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 — and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Florida (cont.)

Medications that will no longer be covered as of January 1, 2026 –
and their covered alternatives.¹ (cont.)

For patients who
purchase their own
health plan coverage

Medication Name	Generic and/or Preferred Brand Medications
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 4-Tier
Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion*
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream*
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

* This change doesn't affect customers in Illinois or Mississippi.

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion**^
ERTACZO 2% CREAM^
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

^ This change doesn't affect customers in Mississippi.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTN
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream & lotion*	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream*	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% oint; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, Spinosad 0.9% topical suspension
DIFLORASONE 0.05% CREAM	betamethasone valerate 0.1% ointment; fluocinonide-E 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
DIFLORASONE 0.05% OINTMENT	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
ENDARI PACKET ^{4^}	glutamine
EPCLUSA	sofosbuvir-velpatasvir
ERTACZO 2% CREAM ⁺	naftifine 1% or 2% cream; econazole 1% cream; ketoconazole 2% cream; clotrimazole 1% cream; oxiconazole 1% cream; ciclopirox 0.77% cream, gel
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment

* This change only affects customers in Illinois and Mississippi.

[^] This change only affects customers in Illinois.

⁺ This change only affects customers in Mississippi.

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 4-Tier Prescription Drug List – for Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyopen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
bese 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to Cigna.com/ifp-drug-list to see what tier it'll be covered on.

Medication Name
testosterone 1% gel
testosterone 1.62% gel

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-E 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER

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

Cigna Healthcare Premiere 4-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
beser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution
hydrocortisone-acetic ear drop

Medication Name
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim 1a tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
SUCRAID
testosterone 1% gel

Medication Name
testosterone 1.62% gel

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

**Medications that will no longer be covered as of January 1, 2026 –
and their covered alternatives.¹**

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream, lotion	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment

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

**Medications that will no longer be covered as of January 1, 2026 —
and their covered alternatives.¹ (cont.)**

Medication Name	Generic and/or Preferred Brand Medications
COMPLERA TABLET	emtricitabine-rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA* ³

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

*This medication is covered under the Cigna Healthcare medical benefit.

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim 1a tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier it'll be covered on.

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will have a quantity limit as of January 1, 2026.

Medication Name	Medication Name
BONJESTA ER 20-20 MG TABLET	hydrocort 0.1% lipo cream
CLOBETASOL 0.025% CREAM	hydrocortisone 0.1% cream
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION	hydrocortisone 0.1% lotion, ointment, solution
clobetasol emollient 0.05% cream, foam	IMPEKLO 0.05% LOTION
clobetasol emulsion 0.05% foam	IMPOYZ 0.025% CREAM
clobetasol 0.05% foam, spray	LOCOID 0.1% LIPOCREAM
CLOBEX 0.05% SHAMPOO, SPRAY	LOCOID 0.1% LOTION
CLODAN 0.05% KIT, clodan 0.05% shampoo	OLUX 0.05% FOAM
DICLEGIS DR 10-10 MG TABLET	TEMOVATE 0.05% CREAM, OINTMENT
doxylamine-pyridoxine 10-10 mg	tovet emollient 0.05% foam
eltrombopag packet, tablet	YORVIPATH 168 MCG/0.56 ML PEN
hydrocort 0.1% lipid cream	YORVIPATH 294 MCG/0.98 ML PEN
	YORVIPATH 420 MCG/1.4 ML PEN

Medications that will no longer be covered as of January 1, 2026 — and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 — and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
FIRVANQ SOLUTION	vancomycin HCL
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTI ^K
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 5-Tier
Prescription Drug List – for Florida (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

*This medication is covered under the Cigna Healthcare medical benefit.

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas

For patients who
purchase their own
health plan coverage

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion*
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream*
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim 1a tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvafem 10 mcg vaginal insert

* This change doesn't affect customers in Illinois or Mississippi.

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion**
ERTACZO 2% CREAM^
SUCRAID

Medication Name
testosterone 1% gel
testosterone 1.62% gel

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/itp-drug-list](https://www.cigna.com/itp-drug-list) to see what tier it'll be covered on.

^ This change doesn't affect customers in Mississippi.

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
amcinonide 0.1% cream, lotion*	betamethasone dipropionate augmented 0.05% lotion; betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; mometasone furoate 0.1% lotion; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
clocortolone pivalate 0.1% cream*	betamethasone valerate 0.12% foam; fluocinolone acetonide 0.025% ointment; flurandrenolide 0.05% ointment; hydrocortisone valerate 0.2% ointment; mometasone furoate 0.1% cream, solution; prednicarbate 0.1% ointment
COMPLERA TABLET	emtricitabine- rilpivirine-tenofovir af
crotan 10% lotion [^]	permethrin 5% cream, spinosad 0.9% topical suspension
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
ENDARI PACKET ^{4^}	glutamine
EPCLUSA	sofosbuvir-velpatasvir
ERTACZO 2% CREAM ⁺	naftifine 1% or 2% cream; econazole 1% cream; ketoconazole 2% cream; clotrimazole 1% cream; oxiconazole 1% cream; ciclopirox 0.77% cream, gel
FIRVANQ SOLUTION	vancomycin

* This change only affects customers in Illinois and Mississippi.

[^] This change only affects customers in Illinois.

⁺ This change only affects customers in Mississippi.

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

Cigna Healthcare Plus 5-Tier Prescription Drug List – for Georgia, Illinois, Mississippi, North Carolina, Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

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

Cigna Healthcare Plus 5-Tier Prescription Drug List –
for Georgia, Illinois, Mississippi, North Carolina,
Tennessee and Texas (cont.)

For patients who
purchase their own
health plan coverage

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name
hyophen
octreotide er*
phosphasal
QUTENZA*

Medication Name
SANDOSTATIN LAR*
uretron d-s
ustell capsule
utira-c

*This medication is covered under the Cigna Healthcare medical benefit.

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

Medications that will be covered on a higher tier as of January 1, 2026.

Review the 2026 drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see what tier the medication will be covered on. There may be lower-cost medications available that treat the same condition, but at a lower copay or coinsurance.

Medication Name
AFTERA 1.5 MG TABLET
amcinonide 0.1% cream, lotion
amox-clav er 1,000-62.5 mg tablet
asa-butalb-caff-cod #3 capsule
ascomp with codeine capsule
bacitracin 500 unit/gm ophth
baser 0.05% lotion
betamethasone valerate 0.12% foam
buprenorphine patch
butalbital comp-codeine #3 capsule
cefixime suspension
clarithromycin er 500 mg tablet
clindacin 1% foam
clindamycin phosphate 1% foam
clocortolone pivalate 0.1% cream
compro 25 mg suppository
desonide 0.05% lotion
diltiazem 24h er(la) tablet
estradiol 10 mcg vaginal insert
fenofibrate 40 mg tablet
fenofibrate 130 mg capsule
fluticasone 0.05% lotion
hydrocortisone-acetic acid solution

Medication Name
hydrocortisone-acetic ear drop
hydromorphone er tablet
kionex 15 gm/60 ml suspension
lamivudine hbv 100 mg tablet
levalbuterol concentrate 1.25 mg/0.5 ml
matzim la tablet
meclofenamate capsule
miconazole 3 200 mg vaginal suppository
mometasone furoate 50 mcg spray
mupirocin 2% cream
nitrofurantoin mcr 25 mg capsule
olanzapine-fluoxetine
prochlorperazine 25 mg suppository
protriptyline tablet
sps 15 gm/60 ml suspension
sps 30 gm/120 ml enema suspension
TAKE ACTION 1.5 MG TABLET
tiagabine tablet
tretinoin gel
tretinoin gel micro 0.04% pump, tube
tretinoin gel micro 0.1% pump, tube
yuvaferm 10 mcg vaginal insert

Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that, as of January 1, 2026, will need approval (prior authorization) before they can be covered.

Medication Name
crotan 10% lotion*
ERTACZO 2% CREAM
SUCRAID

* Starting January 1, this medication will also move to a higher tier. This means that if we approve your coverage, it may cost you more to fill. Go to [Cigna.com/itp-drug-list](https://www.cigna.com/itp-drug-list) to see what tier it'll be covered on.

Medication Name
testosterone 1% gel
testosterone 1.62% gel

Medications that will have a quantity limit as of January 1, 2026.

Medication Name
BONJESTA ER 20-20 MG TABLET
CLOBETASOL 0.025% CREAM
clobetasol 0.05% cream gel, ointment, shampoo, solution, CLOBETASOL TOPICAL LOTION
clobetasol emollient 0.05% cream, foam
clobetasol emulsion 0.05% foam
clobetasol 0.05% foam, spray
CLOBEX 0.05% SHAMPOO, SPRAY
CLODAN 0.05% KIT, clodan 0.05% shampoo
DICLEGIS DR 10-10 MG TABLET
doxylamine-pyridoxine 10-10 mg
eltrombopag packet, tablet
hydrocort 0.1% lipid cream

Medication Name
hydrocort 0.1% lipo cream
hydrocortisone 0.1% cream
hydrocortisone 0.1% lotion, ointment, solution
IMPEKLO 0.05% LOTION
IMPOYZ 0.025% CREAM
LOCOID 0.1% LIPOCREAM
LOCOID 0.1% LOTION
OLUX 0.05% FOAM
TEMOVATE 0.05% CREAM, OINTMENT
tovet emollient 0.05% foam
YORVIPATH 168 MCG/0.56 ML PEN
YORVIPATH 294 MCG/0.98 ML PEN
YORVIPATH 420 MCG/1.4 ML PEN

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

Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹

There are other medications on your drug list that treat the same conditions. We've listed some covered options below.

Medication Name	Generic and/or Preferred Brand Medications
ADALIMUMAB-ADAZ ²	ADALIMUMAB-ADBIM, CYLTEZO, ADALIMUMAB-RYVK, SIMLANDI, HUMIRA (by Abbvie)
ALCAINE EYE DROPS	proparacaine
apexicon e 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
BALCOLTRA TABLET	levonorgestrel-ethinyl estradiol-iron
BRILINTA TABLET	ticagrelor
COMPLERA TABLET	emtricitabine-rilpivirine-tenofovir af
diflorasone 0.05% cream	betamethasone valerate 0.1% ointment; fluocinonide-e 0.05% cream; fluticasone propionate 0.005% ointment; triamcinolone acetonide 0.5% cream; triamcinolone acetonide 0.1% ointment
diflorasone 0.05% ointment	betamethasone dipropionate augmented 0.05% ointment, gel; halobetasol propionate 0.05% ointment, cream; fluocinonide 0.1% cream; clobetasol 0.05% cream, foam, gel, ointment, lotion, shampoo
EMCYT	Talk with your doctor about your options
EPCLUSA	sofosbuvir-velpatasvir
FIRVANQ SOLUTION	vancomycin
halcinonide 0.1% cream	betamethasone dipropionate augmented 0.05% cream, lotion; betamethasone dipropionate 0.05% cream, ointment; desoximetasone 0.25% cream, ointment; desoximetasone 0.05% gel; fluocinonide 0.05% cream, ointment, solution; mometasone furoate 0.1% ointment
HARVONI	ledipasvir-sofosbuvir
MESNEX TABLET	mesna
MYRBETRIQ ER TABLET ³	mirabegron
ONETOUCH DELICA PLUS, SAFETY LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH DELICA PLUS LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH SURESOFT LANCING DEVICE	TRUE DRAW LANCING DEVICE
ONETOUCH ULTRA, VERIO TEST STRIP	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
ONETOUCH ULTRASOFT, ULTRASOFT2 LANCET	FREESTYLE, FREESTYLE UNISTIK 2, TRUE PLUS, TRUE PLUS SAFETY LANCET
ONETOUCH ULTRA2 GLUCOSE SYSTEM	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER

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

Cigna Healthcare Premiere 5-Tier Prescription Drug List – for Arizona, Indiana and Virginia (cont.)

For patients who purchase their own health plan coverage

Medications that will no longer be covered as of January 1, 2026 – and their covered alternatives.¹ (cont.)

Medication Name	Generic and/or Preferred Brand Medications
ONETOUGH VERIO FLEX, REFLECT METER	FREESTYLE LITE, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE PRECISION NEO, TRUE METRIX, TRUE METRIX AIR, TRUE METRIX GO METER
PHOSPHOLINE IODIDE 0.125% DROP	pilocarpine 1%, 2%, 4% eye drops
PRADAXA 110 MG CAPSULE ³	dabigatran etexilate mesylate
PROMACTA PACKET, TABLET ⁴	eltrombopag olamine
RECTIV OINTMENT	nitroglycerin
RELISTOR TABLET ³	lubiprostone, MOVANTIK
SPRYCEL TABLET ⁴	dasatinib
TASIGNA CAPSULE ⁴	nilotinib
TAZORAC 0.05% CREAM	tazarotene
XARELTO 1 MG/ML SUSPENSION	rivaroxaban
XARELTO 2.5 MG TABLET	rivaroxaban

Medications that will no longer be covered under the pharmacy benefit as of January 1, 2026.⁵

Medication Name	Medication Name
hyophen	SANDOSTATIN LAR*
octreotide er*	uretron d-s
phosphasal	ustell capsule
QUTENZA*	utira-c

* This medication is covered under the Cigna Healthcare medical benefit.

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



1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. For example, if we're making a change to your medication on January 1 but your new plan year doesn't start until November 1, the change(s) won't affect you until November 1. To find out if these laws apply to you, please call the number on your ID card.
 - **Connecticut, Louisiana, Nevada, 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.
2. **This change may not affect you.** Not all plans have extra coverage rules (requirements) on medications. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if yours does.
3. If your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover this medication. Ask your doctor's office to contact us 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 and continue to fill this medication on or after January 1, it won't be covered. You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.
4. **If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through December 31 (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
5. **This change only affects customers filling a prescription for this medication for the first time on or after January 1.** If you currently have approval (prior authorization) from Cigna Healthcare for your plan to cover this medication, your plan will keep covering it as long as your prescription doesn't change.
6. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, we're changing that approval. As of January 1, you'll no longer have approval (prior authorization) to fill the brand-name medication. Instead, **your approval will only be for its generic version**, which your plan will cover until your current approval period ends.
7. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.
8. If you currently have approval (precertification) from Cigna Healthcare for this medication to be covered under your medical benefit, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered under your medical benefit.
9. If you currently have approval (prior authorization) from Cigna Healthcare for this medication to be covered, your plan will keep covering it until your approval period ends. After that time, it will no longer be covered.

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

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

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Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

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



If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب بك) أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711).

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d’assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید: TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224. ارائه‌دهنده خود صحبت کنید