Medication Coverage Changes

Cigna Healthcare® Standard Prescription Drug List
Starting January 1, 2027[1]

Some medications may be covered under the pharmacy benefit, medical benefit, or both. Log in to **myCigna**® to see how your plan covers them.

Medications are listed by the type of change, in alphabetical (A–Z) order. If one of these changes affects you, we'll send you a letter with next steps.

Changes to medications covered under the pharmacy benefit

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

These may cost you less to fill.

Medication name	Medication type	What you need to know
INGREZZA CAPSULE, SPRINKLE CAPSULE, TITRATION PACK	Miscellaneous	Will be covered as a preferred brand on Tier 2
VYNDAMAX	Miscellaneous	Will be covered as a preferred brand on Tier 2

Medications that will have a quantity limit.[2]

Your plan will only cover a certain amount each time you fill.

Medication name	Medication type
ADBRY 150 MG/ML SYRINGE	Skin Conditions

Medication name	Medication type
ADBRY 300 MG/2 ML AUTO-INJECTOR	Skin Conditions

Generic medications are in lowercase letters. Brand-name medications are in ALL CAPITAL letters.

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Medications that will have a quantity limit.[2] *(cont.)*

Medication name	Medication type
BRAFTOVI	Cancer
COTELLIC	Cancer
DUPIXENT 200 MG/1.14 ML, 300 MG/2 ML PEN	Pain Relief and Inflammatory Disease
DUPIXENT 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML SYRINGE	Pain Relief and Inflammatory Disease
EBGLYSS 250 MG/2 ML PEN, SYRINGE	Skin Conditions
FASENRA 30 MG/ML PEN	Asthma/COPD/ Respiratory
NEMLUVIO 30 MG PEN	Skin Conditions
NUCALA 100 MG/ML AUTO-INJECTOR, POWDER VIAL, SYRINGE	Asthma/COPD/ Respiratory
NUCALA 40 MG/0.4 ML SYRINGE	Asthma/COPD/ Respiratory

Medication name	Medication type
RHAPSIDO 25 MG TABLET	Blood Modifiers/Bleeding Disorders
ROZLYTREK	Cancer
TEZSPIRE 210 MG/1.91 ML SYRINGE	Asthma/COPD/ Respiratory
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/ Respiratory
XOLAIR 150 MG/1.2 ML POWDER VIAL	Asthma/COPD/ Respiratory
XOLAIR 150 MG/ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/ Respiratory
XOLAIR 300 MG/2 ML AUTO-INJECTOR, SYRINGE	Asthma/COPD/ Respiratory
ZELBORAF	Cancer

Medications that will no longer be covered.[3]

Covered options are available that treat the same condition. See below.

Medication name	Medication type	Covered options
ARIMIDEX	Cancer	anastrozole
ATTRUBY[4]	Miscellaneous	VYNDAMAX
AUSTEDO[4], AUSTEDO XR[4]	Miscellaneous	INGREZZA CAPSULE, SPRINKLE CAPSULE
AUSTEDO XR TITRATION PACK[4]	Miscellaneous	INGREZZA TITRATION PACK
BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
BENDEKA[5]	Cancer	generic bendamustine, TREANDA
CARBAGLU	Miscellaneous	carglumic acid

* This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Medications that will no longer be covered.[3] *(cont.)*

Medication name	Medication type	Covered options
CYLTEZO[4]	Pain Relief and Inflammatory Disease	ADALIMUMAB-AATY*, ADALIMUMAB-ADBM*, ADALIMUMAB-RYVK* (by Quallent), SIMLANDI*, HUMIRA (by AbbVie)
DIFICID TABLET	Infections	fidaxomicin
fluvastatin, fluvastatin er capsule, tablet	Cholesterol Medications	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
KLONOPIN[5]	Seizure Disorders	clonazepam
LYRICA ORAL SOLUTION[4]	Seizure Disorders	pregabalin oral solution
OPSYNVI[4]	Asthma/COPD/Respiratory	macitentan, tadalafil
OXTELLAR XR[6]	Seizure Disorders	oxcarbazepine er
protriptyline	Anxiety/Depression/ Bipolar Disorder	desipramine, nortriptyline
ROLVEDON[4]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA*, UDENYCA*
TEGRETOL ORAL SUSPENSION, TABLET[6]	Seizure Disorders	carbamazepine
TEGRETOL XR[6]	Seizure Disorders	carbamazepine er
TOBRADEX	Eye Conditions	tobramycin-dexamethasone
TRACLEER[4]	Asthma/COPD/Respiratory	bosentan
TROKENDI XR 25 MG, 50 MG, 100 MG, 200 MG CAPSULE[6]	Seizure Disorders	topiramate xr
UNITHROID	Hormonal Agents	levothyroxine, levoxyl, levo-t
VELPHORO	Nutritional/Dietary	sevelamer, lanthanum
VIVIMUSTA	Cancer	generic bendamustine, TREANDA
WINREVAIR[5]	Asthma/COPD/Respiratory	Talk to your doctor about preferred alternatives.
ZTLIDO	Pain Relief and Inflammatory Disease	lidocaine 5% patch

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Changes to medications covered under the medical benefit

Medications that will be non-preferred.*

Your medical plan won't cover these until you try a preferred medication first. See preferred options below.

Medication name	Medication type	Preferred options
CHORIONIC GONADOTROPIN 10,000 UNIT[6]	Infertility	OVIDREL, PREGNYL
NOVAREL[5]	Infertility	OVIDREL, PREGNYL
ROLVEDON[5]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA†, UDENYCA†

* **These changes apply to plans that don't include the Cigna Pathwell Specialty program.** For plans with this program, these medications will no longer be covered under the medical benefit (see below). Log in to the myCigna app or myCigna.com to see if your plan includes this program.

Medications that will no longer be covered on the Cigna Pathwell Specialty® Drug List.**

Other medications in the Cigna Pathwell Specialty program are available.[7] See below.

Medication name	Medication type	Covered options
BELRAPZO[5]	Cancer	generic bendamustine, TREANDA
BENDEKA[5]	Cancer	generic bendamustine, TREANDA
CHORIONIC GONADOTROPIN 10,000 UNIT[6]	Infertility	OVIDREL, PREGNYL
LEUPROLIDE DEPOT 22.5 MG VIAL (by Cipla)[5]	Cancer	ELIGARD, FIRMAGON
LUTRATE DEPOT 22.5 MG VIAL[5]	Cancer	ELIGARD, FIRMAGON
NOVAREL[5]	Infertility	OVIDREL, PREGNYL
ROLVEDON[5]	Blood Pressure/ Heart Medications	NEULASTA, NYVEPRIA†, UDENYCA†
VIVIMUSTA[5]	Cancer	generic bendamustine, TREANDA

** **These changes apply to plans that include the Cigna Pathwell Specialty program.** For other plans, these medications will be non-preferred under the medical benefit (see above). Log in to the myCigna app or myCigna.com to see if your plan includes this program.

† This is a biosimilar version of the medication. It works the same way and is just as safe and effective as the original medication, and it may cost less. U.S. Food and Drug Administration (FDA) website, "Biosimilar Basics for Patients." Last updated 08/01/24. fda.gov/drugs/biosimilars/biosimilars-basics-patients.

Generics are in all lowercase letters. Brands are in ALL CAPITAL letters.



1. **Important information about the changes in this flyer.** Some state laws may delay when these changes start. For example, if a change is scheduled for January 1 but your new plan year begins November 1, the change won't apply until November 1. To see if these laws apply to you, call the number on your ID card.
   - **Connecticut, Louisiana, Nevada, New York, and Texas:** Your plan may need to keep covering your medication as it is now until your new plan year starts.
   - **Illinois and Iowa:** If Cigna Healthcare has already approved your medication, your plan may need to keep covering it as it is now until your new plan year starts.
2. Not all plans include quantity limits for certain medications. Log in to the myCigna app or myCigna.com to see if your plan includes these.
3. If your doctor doesn't think a different medication is right for you, they can ask us to review whether this medication can be covered.
4. **If you currently have approval (prior authorization) for this medication, your plan will only cover it through December 31 or until that approval ends – whichever comes first.**
5. **If you currently have approval (prior authorization/precertification) for this medication, your plan will cover it until that approval ends.**
6. **This change only affects people who start this medication on or after January 1.** If you're already taking it, you won't be affected.
7. **Not all plans offer the Cigna Pathwell Specialty program.** Log in to the myCigna app or myCigna.com to see if your plan includes it. If your doctor doesn't think a different medication is right for you, they can ask us to review whether this medication can 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 Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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