

CHANGES TO YOUR PLAN'S DRUG LIST



Starting July 1, 2023

These are the coverage changes Cigna is making to the Cigna Value Prescription Drug List on July 1, 2023.^{1,2} Medications are listed alphabetically.

If you're affected by one of these changes, we'll send you a letter with specific information on next steps.

MEDICATION NAME/ DRUG CLASS	WHAT'S CHANGING	ADDITIONAL INFORMATION
ALPHAGAN P 0.1% and 0.15% EYE DROP <i>(Eye Conditions)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: brimonidine eye drop.
COMBIGAN 0.2%-0.5% EYE DROP <i>(Eye Conditions)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: brimonidine-timolol.
CRINONE 4% GEL <i>(Hormonal Agents)</i>	Will need approval from Cigna before it can be covered (also known as "prior authorization"). ⁴	Your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
CRINONE 8% GEL <i>(Infertility)</i>	Will need approval from Cigna before it can be covered (also known as "prior authorization"). ⁴	<ul style="list-style-type: none">• This change doesn't affect anyone currently using this medication.• For everyone else, your plan will only cover this medication if your doctor's office requests, and receives, approval from Cigna.
ENDOMETRIN VAGINAL INSERT <i>(Infertility)</i>	Will move/moved to a lower tier (preferred brand).	This medication may cost you less to fill.

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



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ESBRIET CAPSULE and TABLET <i>(Miscellaneous)</i>	Will no longer be covered because it's being taken off the drug list. ³	<ul style="list-style-type: none"> • If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it through June 30th (or the date you were approved through), whichever comes first.³ • Consider these covered options which are used to treat the same condition: pirfenidone capsule and tablet.
EXTAVIA KIT and VIAL <i>(Multiple Sclerosis)</i>	Will no longer be covered because it's being taken off the drug list. ³	<ul style="list-style-type: none"> • If you currently have approval from Cigna for this medication to be covered, this change won't affect you until your current approval period ends. • Consider these covered options which are used to treat the same condition: BETASERON, AVONEX, PLEGRIDY, REBIF, REBIF REBIDOSE.
FOSRENOL CHEWTAB and POWDER PACKET <i>(Nutritional/Dietary)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: lanthanum.
LIALDA DR <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: mesalamine tablet or capsule.
NEXAVAR <i>(Cancer)</i>	Will no longer be covered because it's being taken off the drug list. ³	<ul style="list-style-type: none"> • If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it through June 30th (or the date you were approved through), whichever comes first.³ • Consider these covered options which are used to treat the same condition: sorafenib.
OTREXUP <i>(Pain Relief and Inflammatory Disease)</i>	Will move/moved to a lower tier (preferred brand).	This medication may cost you less to fill.
PENTASA DR 250MG and 500MG <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: mesalamine tablet or capsule.

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RASUVO 7.5MG and 30MG <i>(Pain Relief and Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the drug list. ³	<ul style="list-style-type: none"> • If you currently have approval from Cigna for this medication to be covered, this change won't affect you until your current approval period ends. • Consider these covered options which are used to treat the same condition: OTREXUP, methotrexate 25mg vial, methotrexate sodium 25mg vial, REDITREX.
RASUVO 10MG, 12.5MG, 15MG, 17.5MG, 20MG, 22.5MG and 25MG <i>(Pain Relief and Inflammatory Disease)</i>	Will no longer be covered because it's being taken off the drug list. ³	<ul style="list-style-type: none"> • If you currently have approval from Cigna for this medication to be covered, your plan will continue to cover it through June 30th (or the date you were approved through), whichever comes first.³ • Consider these covered options which are used to treat the same condition: OTREXUP, methotrexate 25mg vial, methotrexate sodium 25mg vial, REDITREX.
RENAGEL TABLET <i>(Nutritional/Dietary)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: sevelamer .
REVELA POWDER PACKET and TABLET <i>(Nutritional/Dietary)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: sevelamer carbonate .
SUPREP <i>(Gastrointestinal/Heartburn)</i>	Will no longer be covered because it's being taken off the drug list. ³	Consider these covered options which are used to treat the same condition: sodium sulfate-potassium sulfate-magnesium sulfate .

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Questions?

- › **myCigna.com**[®]: Click to Chat Monday–Friday, 9:00 am–8:00 pm EST.
- › **Phone**: Call the number on your Cigna ID card, 24/7/365.



1. State laws in **Connecticut, Louisiana, New York, and Texas** and may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna to start the coverage review (prior authorization) process, or to appeal the denial of coverage. They know 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 July 1st, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
4. **This change may not apply to your specific plan.** Log in to the **myCigna**[®] App or **myCigna.com**, or check your plan materials, to see if your plan includes prior authorization, quantity limits, and/or Step Therapy.

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

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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