

Medication Coverage Changes

Cigna Healthcare National Preferred 4-Tier Specialty Prescription Drug List As of January 1, 2026

These are the changes we're making to the Cigna Healthcare® National Preferred 4-Tier Specialty Prescription Drug List on January 1, 2026.¹ Medications are listed in alphabetical order (A-Z) by the type of change taking place. If your medication is on this list, we'll send you a letter with next steps.

Medications that will move to a lower tier.

These medications may cost you less to fill.

Medication name	Drug class	More information
INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	Miscellaneous	This medication will be a preferred brand (Tier 4).

Medications that will be covered on a higher tier.

These medications may cost you more to fill. There are lower-cost medications on your drug list that treat the same conditions. We've listed some options below.

Medication name	Drug class	New tier	Generic and/or preferred brand medications
ONETOUCH ULTRA CONTROL SOLUTION	Diabetes	3	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION
ONETOUCH VERIO HIGH, MID CONTROL SOLUTION	Diabetes	3	FREESTYLE, MEDISENSE, TRUE METRIX, TRUECONTROL CONTROL SOLUTION

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

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

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

Medication name	Drug class	Generic and/or preferred brand medications
ACTEMRA ACTPEN, SYRINGE ⁴	Pain Relief and Inflammatory Disease	TYENNE AUTO-INJECTOR, SYRINGE; ADALIMUMAB-ADAZ (CF), ADALIMUMAB-ADB (CF), ADALIMUMAB-RYVK (CF), ENBREL, SIMLANDI (CF) AUTO-INJECTOR
ARNUIITY ELLIPTA	Asthma/COPD/Respiratory	ASMANEX, ASMANEX HFA, QVAR REDHALER
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
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 ⁵	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 ⁵	Pain Relief and Inflammatory Disease	hydrocodone er, hydromorphone er, morphine er, oxycodone er, HYSINGLA ER

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

Medication name	Drug class	Generic and/or preferred brand medications
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
REVLIMID ⁷	Cancer	lenalidomide
SPRIX ⁴	Pain Relief and Inflammatory Disease	diclofenac sodium, ibuprofen, indomethacin, ketorolac tromethamine, meloxicam, nabumetone, naproxen
STELARA SYRINGE ⁸ , STELARA 45 MG/0.5 ML VIAL ⁸	Pain Relief and Inflammatory Disease	SELARSDI SYRINGE, USTEKINUMAB-TTWE SYRINGE (made by Quallent), YESINTEK SYRINGE
SYMBICORT ⁶	Asthma/COPD/Respiratory	breyna, 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



Questions?

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



1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. 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. Due to state mandates, Step Therapy requirements may vary or may not apply to your specific health plan. To find out if these state mandates apply to your plan, please check your plan materials, log in to the myCigna app or myCigna.com or call customer service at the number listed on your ID card.
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. If you currently have approval (precertification) 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.
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, we're changing that approval. As of April 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.
8. **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 until your approval period ends.

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

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

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