

Medication Coverage Changes

Cigna Healthcare Advantage Prescription Drug List As of January 1, 2026

These are the changes we're making to the Cigna Healthcare® Advantage 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 and/or be added to the drug list.

These medications may cost you less to fill.

Medication name	Drug class	More information
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.

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
ONE TOUCH GLUCOMETER	Diabetes	3	FREESTYLE, TRUE METRIX, ACCU-CHEK GLUCOMETER

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 need approval (prior authorization) before they can be covered.²

Your doctor's office will have to send us information to review to make sure you meet coverage rules (requirements).

Medication name	Drug class
liraglutide	Diabetes

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
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
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

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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
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
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.

Medication name	Drug class	Preferred medications
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.



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.
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.

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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