



Drug Coverage Policy

Effective Date.....08/01/2025

Coverage Policy Number.....IP0011

Policy Title....Brands with Bioequivalent Generics

Brands with Bioequivalent Generics

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

The FDA Office of Generic Drugs follows a rigorous review process to make sure that, compared to the brand-name (or innovator) medications, the proposed generic medications:

- Contain the same active/key ingredient;
- Have the same strength;
- Use the same dosage form (for instance, a tablet, capsule, or liquid); and

- Use the same route of administration (for instance, oral, topical, or injectable).

FDA's review process ensures that generic medications perform the same way in the human body and have the same intended use as the name brand medication. Health care professionals and consumers can be assured that FDA-approved generic drug products have met the same rigid standards as the innovator drug. All generic drugs approved by FDA have the same high quality, strength, purity, and stability as brand-name drugs. In addition, FDA inspects facilities to make certain the generic manufacturing, packaging, and testing sites pass the same quality standards as those of brand-name drugs.¹

A multi-sourced brand drug is a brand-name drug that is marketed or sold by two or more manufacturers or labelers, is no longer protected under patent exclusivity, and has a therapeutically equivalent generic available.

Coverage Policy

This Coverage Policy supports medical necessity review for brands with bioequivalent generic drugs available, not addressed in any other policy.

Brands with bioequivalent generic products listed in the table below are considered medically necessary when the following criteria are met:

The patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction.

Any other exception is considered not medically necessary.

All products are approved for a duration of 12 months unless otherwise noted.

| Non-Covered Brand | Bioequivalent Generic |
|--------------------------------------|--|
| Abilify | aripiprazole |
| Accupril | quinapril tablet |
| Accuretic | quinapril/hydrochlorothiazide |
| Aciphex tablet | rabeprazole sodium tablets |
| Actos | pioglitazone |
| Acular 0.5% solution | ketorolac 0.5% solution |
| Acular LS 0.4% solution | ketorolac 0.4% solution |
| Aczone (5% gel and 7.5% gel pump) | dapsone topical gel |
| Aldactone | spironolactone |
| Alinia tablets | nitazoxanide tablets |
| Alphagan P 0.15% ophthalmic solution | brimonidine tartrate ophthalmic solution |
| Altace | ramipril capsule |
| Amitiza | lubiprostone |
| Anafranil | clomipramine capsules |

| Non-Covered Brand | Bioequivalent Generic |
|-----------------------------------|---|
| Analpram-HC | pramoxine and hydrocortisone cream |
| Ancobon | flucytosine capsules |
| Anusol-HC 2.5% cream | hydrocortisone acetate 2.5% cream |
| Anusol-HC 25 mg suppository | hydrocortisone acetate, Anucort-HC (hydrocortisone), Hemmorex-HC (hydrocortisone) 25 mg suppository |
| Atacand | candesartan cilexetil tablets |
| Atacand HCT | candesartan/hydrochlorothiazide tablets |
| Ativan | lorazepam tablets |
| Atralin | tretinoin gel (0.05%) |
| Augmentin tablet | amoxicillin/clavulanate potassium tablet |
| Augmentin XR tablet | amoxicillin/clavulanate potassium extended-release tablet |
| Augmentin suspension | amoxicillin/clavulanate potassium suspension |
| Augmentin ES suspension | amoxicillin/clavulanate potassium suspension |
| Avalide | irbesartan/hydrochlorothiazide tablets |
| Avapro | irbesartan tablets |
| Avodart | dutasteride |
| Azilect | rasagiline tablets |
| Azopt 1% suspension | brinzolamide 1% suspension |
| Azor | amlodipine besylate/olmesartan medoxomil tablets |
| Azulfidine | sulfasalazine |
| Baciguent ophthalmic ointment | bacitracin ophthalmic ointment |
| Baraclude | entecavir |
| Benicar | olmesartan medoxomil tablets |
| Benicar HCT | olmesartan/hydrochlorothiazide tablets |
| Bepreve 1.5% solution | bepotastine 1.5% solution |
| Betapace | sotalol |
| Betapace AF | sotalol |
| BiDil | isosorbide dinitrate and hydralazine tablets |
| Bromfed DM | brompheniramine, dextromethorphan and pseudoephedrine syrup |
| BromSite | bromfenac 0.075% ophthalmic solution |
| Brovana 15 mcg/2 mL solution | arformoterol 15 mcg/2 mL solution |
| Bystolic | nebivolol |
| Canasa | mesalamine rectal suppository |
| Carafate suspension | sucralfate oral suspension |
| Carafate tablet | sucralfate tablet |
| Carbatol | carbamazepine ER |
| Cardizem | diltiazem hcl tablet |
| Cardizem CD | diltiazem extended-release capsules |
| Cardizem LA | diltiazem extended-release tablets |
| Carnitor | levocarnitine |
| Carnitor SF | levocarnitine sugar free oral solution |
| Cellcept 200mg/ml oral suspension | mycophenolate mofetil oral suspension |
| Cellcept 250mg capsule | mycophenolate mofetil capsules |
| Cellcept 500mg tablet | mycophenolate mofetil tablets |

| Non-Covered Brand | Bioequivalent Generic |
|-------------------------------------|---|
| Celebrex | celecoxib capsules |
| Celexa | citalopram |
| Celontin | methsuximide |
| Climara | estradiol patch |
| Chantix | varenicline |
| Ciloxan 0.3% solution | ciprofloxacin 0.3% solution |
| Ciprodex | ciprofloxacin / dexamethasone otic suspension |
| Cleocin vaginal cream | clindamycin vaginal cream |
| Clobex 0.05% Shampoo | clobetasol 0.05% shampoo |
| Clobex 0.05% Spray | clobetasol 0.05% spray |
| Clozaril | clozapine |
| Colcrys | colchicine tablet |
| Combigan ophthalmic solution | brimonidine tartrate/timolol maleate ophthalmic solution |
| Coreg | carvedilol tablet |
| Coreg CR | carvedilol extended-release capsule |
| Corgard | nadolol |
| Cortef | hydrocortisone tablet |
| Cosopt solution | dorzolamide and timolol solution |
| Cosopt PF solution | dorzolamide and timolol preservative free solution |
| Coumadin | warfarin |
| Cozaar | losartan tablet |
| Cymbalta | duloxetine delayed-release capsules |
| Cytomel | liothyronine |
| DDAVP injection | desmopressin acetate injection |
| DDAVP tablet | desmopressin acetate tablet |
| Delestrogen intramuscular injection | estradiol valerate intramuscular injection |
| Depakote | divalproex sodium |
| Depakote ER | divalproex sodium ER |
| Depakote sprinkle | divalproex sodium |
| Desowen cream | desonide cream |
| Detrol | tolterodine tablets |
| Detrol LA | tolterodine ER capsules |
| Dexilant | dexlansoprazole delayed-release capsules |
| Diastat, Diastat Acudial | diazepam |
| Diclegis | doxylamine succinate and pyridoxine hydrochloride delayed-release tablets |
| Diflucan suspension | fluconazole suspension |
| Diflucan tablet | fluconazole tablet |
| Dilantin, Dilantin-125, Phenytek | phenytoin |
| Diovan | valsartan tablets |
| Diovan HCT | valsartan/hydrochlorothiazide tablets |
| Divigel | estradiol 0.1% gel |
| Durezol 0.05% emulsion | difluprednate 0.05% emulsion |
| Dyrenium | triamterene |
| E.E.S. 200 mg/5 mL | erythromycin ethylsuccinate 200 mg/5 mL granules for suspension |
| Effexor XR | venlafaxine hydrochloride extended-release capsule |
| Elidel | pimecrolimus |

| Non-Covered Brand | Bioequivalent Generic |
|---------------------------------------|---|
| Elixophyllin | theophylline 80 mg/15 mL solution |
| Emend capsules and Emend Trifold Pack | aprepitant oral capsules |
| Epaned | enalapril maleate powder for oral solution, enalapril maleate oral solution |
| EryPed 400 | erythromycin 400 mg/5 mL suspension |
| Estrace tablets | estradiol tablets |
| Estrace cream | estradiol cream |
| EstroGel | estradiol gel 0.06% |
| Exforge | amlodipine and valsartan |
| Exforge HCT | amlodipine, valsartan and hydrochlorothiazide |
| Evoxac | cevimeline hydrochloride capsules |
| Felbatol | felbamate |
| Femara | letrozole tablets |
| Flomax | tamsulosin hydrochloride capsules |
| FML | fluorometholone |
| FML Liquifilm 0.1% suspension | fluorometholone 0.1% suspension |
| Fosrenol Chewable Tablet | lanthanum carbonate chewable tablet |
| Furadantin 25 mg/5 mL oral suspension | nitrofurantoin 25 mg/5 mL oral suspension |
| Gabitril | tiagabine hydrochloride |
| Gastrocrom | cromolyn sodium 100mg/5mL solution |
| Geodon | ziprasidone |
| Halog 0.1% solution | halcinonide 0.1% solution |
| Hyzaar | losartan/hydrochlorothiazide tablets |
| Imuran | azathioprine tablets |
| Inderal LA | propranolol extended-release capsule |
| Inspra | eplerenone |
| Intuniv | guanfacine ER |
| Istalol 0.5% solution | timolol maleate 0.5% solution |
| Isordil Titrados 5mg | isosorbide dinitrate 5mg tablet |
| Jalyn | dutasteride / tamsulosin |
| Kapvay | clonidine ER tablet |
| Keppra | levetiracetam |
| Keppra XR | levetiracetam extended release |
| Klonopin | clonazepam |
| Lamictal | lamotrigine |
| Lamictal ODT | lamotrigine ODT |
| Lamictal XR | lamotrigine extended release |
| Lanoxin | digoxin |
| Lasix | furosemide |
| Latuda | lurasidone |
| Levbid | hyoscyamine sulfate extended-release tablets |
| Levsin SL | hyoscyamine sulfate sublingual tablets |
| Lexapro | escitalopram tablets |
| Lialda | mesalamine delayed-release tablet |
| Librax | chlordiazepoxide hydrochloride; clidinium bromide |
| Lidoderm 5% topical patch | lidocaine 5% topical patch |
| Lithobid | lithium |

| Non-Covered Brand | Bioequivalent Generic |
|---|---|
| Lomotil | diphenoxylate/atropine |
| Lopressor | metoprolol tartrate |
| Lotemax 0.5% ophthalmic gel | loteprednol 0.5% ophthalmic gel |
| Lotemax 0.5% ophthalmic suspension | loteprednol 0.5% ophthalmic suspension |
| Lotensin | benazepril tablet |
| Lotensin HCT | benazepril/hydrochlorothiazide |
| Lotrel | amlodipine/benazepril capsule |
| Lovaza | omega-3-acid ethyl esters capsule |
| Lunesta | eszopiclone |
| Lyrica | pregabalin |
| Malarone | atovaquone / proguanil |
| Maxitrol ointment | neomycin, polymyxin B, and dexamethasone ointment |
| Maxitrol suspension | neomycin, polymyxin B, and dexamethasone suspension |
| Mepron | atovaquone |
| Mestinon | pyridostigmine |
| Metrogel vaginal | Metronidazole vaginal |
| Micardis | telmisartan tablets |
| Micardis HCT | telmisartan/hydrochlorothiazide tablets |
| Minivelle | estradiol transdermal patch |
| Mycobutin | rifabutin |
| Myfortic | mycophenolic acid |
| Myrbetriq tablets | mirabegron extended-release tablets |
| Mysoline | primidone |
| Nardil | phenelzine |
| Natroba | spinosad topical suspension |
| Neoral capsule | cyclosporine capsule |
| Neoral oral solution | cyclosporine oral solution |
| Neurontin | gabapentin |
| Nexium DR capsules | esomeprazole delayed-release capsules |
| Nexium DR packet | esomeprazole delayed-release granules for oral suspension |
| Norpace | disopyramide phosphate |
| Norpramin | desipramine |
| Norvasc | amlodipine tablets |
| Noxafil 40mg/ml (200mg/5ml) oral suspension | posaconazole 40mg/ml (200mg/5ml) oral suspension |
| Noxafil tablet | posaconazole tablet |
| Ocuflox 0.3% solution | ofloxacin 0.3% solution |
| Onfi | clobazam |
| Pacerone | amiodarone |
| Pamelor | nortriptyline capsules |
| Parnate | tranylcypromine tablets |
| Patanol 0.1% solution | olopatadine 0.1% solution |
| Paxil | paroxetine hydrochloride |
| Paxil CR | paroxetine hydrochloride extended-release tablet |
| Pentasa 500 mg | mesalamine 500 mg extended-release capsule |
| Pepcid | famotidine |
| Perforomist 20 mcg/2 mL solution | formoterol 20 mcg/2 mL solution |

| Non-Covered Brand | Bioequivalent Generic |
|----------------------------------|--|
| Plaquenil | hydroxychloroquine sulfate tablet |
| Plavix | clopidogrel bisulfate tablets |
| Polytrim solution | trimethoprim and polymyxin B solution |
| Pred Forte 1% suspension | prednisolone 1% suspension |
| Prenatabs FA | prenatal vitamin, iron 29 mg/folic acid 1 mg |
| Prevacid SoluTab | lansoprazole delayed release orally disintegrating tablets |
| Prevident 5000 Plus | sodium fluoride 1.1% cream/paste |
| Prezista 600mg and 800mg tablets | darunavir oral tablets |
| Pristiq | Desvenlafaxine succinate extended-release tablet |
| Procardia XL | nifedipine extended-release |
| Proglycem suspension | diazoxide oral suspension |
| Prograf capsule | tacrolimus |
| Prometrium | progesterone |
| Protopic | tacrolimus ointment |
| Provera | medroxyprogesterone acetate tablet |
| Prozac | fluoxetine |
| Pulmicort respules | budesonide respules |
| Pyridium | phenazopyridine tablets |
| Qualaquin | quinine sulfate |
| Qudexy XR | topiramate |
| Ranexa | ranolazine |
| Rapamune | sirolimus |
| Remeron | mirtazapine |
| Renagel tablet | sevelamer hydrochloride tablet |
| Renvela tablet | sevelamer carbonate tablet |
| Renvela powder packet | sevelamer carbonate powder packet |
| Rilutek | riluzole |
| Risperdal | risperidone |
| Risperdal Consta | risperidone intramuscular injection |
| Rowasa | mesalamine rectal suspension |
| Rozerem | ramelteon |
| Rythmol SR | propafenone HCL ER |
| Salex 6% cream kit | salicylic acid 6% cream |
| Salex 6% lotion kit | salicylic acid 6% lotion |
| Salex 6% shampoo | salicylic acid 6% shampoo |
| Samsca | tolvaptan |
| Sandimmune | cyclosporine |
| Sensipar | cinacalcet |
| Singulair | montelukast sodium tablets, chewable tablets, granules |
| Silenor | doxepin tablet |
| Soma | carisoprodol |
| Spiriva HandiHaler | tiotropium bromide inhalation powder |
| Sporanox capsule | itraconazole capsule |
| Sporanox solution | itraconazole solution |
| Strattera | atomoxetine |
| Sulfatrim | sulfamethoxazole/trimethoprim (co-trimoxazole; TMP-SMZ) |
| Symbyax | olanzapine and fluoxetine capsule |
| Synthroid | levothyroxine tablets |

| Non-Covered Brand | Bioequivalent Generic |
|--------------------------------|---|
| Taclonex suspension | calcipotriene/betamethasone dipropionate 0.005%-0.064% suspension |
| Tamiflu | oseltamivir phosphate |
| Tasmar | tolcapone |
| Tekturna | aliskiren |
| Tegretol | carbamazepine |
| Tegretol XR | carbamazepine extended release |
| Tenoretic | atenolol and chlorthalidone |
| Tenormin | atenolol |
| Tikosyn | dofetilide |
| Timoptic 0.25% solution | timolol maleate 0.25% solution |
| Timoptic 0.5% solution | timolol maleate 0.5% solution |
| Timoptic 0.5% Ocudose solution | timolol maleate 0.5% solution |
| Timoptic XE 0.25% gel solution | timolol maleate 0.25% gel forming solution |
| Timoptic XE 0.5% gel solution | timolol maleate 0.5% gel forming solution |
| Tobradex suspension | tobramycin and dexamethasone suspension |
| Tobrex 0.3% solution | tobramycin 0.3% solution |
| Topamax | topiramate |
| Toprol XL | metoprolol succinate extended-release tablet |
| Toviaz | fesoterodine fumarate |
| Tranxene T-tab | Clorazepate dipotassium tablet |
| Tribenzor | olmesartan/amlodipine/hydrochlorothiazide tablets |
| Trileptal | oxcarbazepine |
| Trusopt 2% solution | dorzolamide 2% solution |
| Uloric | febuxostat |
| Unithroid | levothyroxine tablets |
| Uroxatral | alfuzosin tablets |
| Vagifem | estradiol vaginal tablet |
| Valcyte solution | valganciclovir hydrochloride solution |
| Valcyte tablet | valganciclovir hydrochloride tablet |
| Valium | diazepam tablets |
| Vancocin | vancomycin hydrochloride |
| Vanos 0.1% cream | fluocinonide 0.1% cream |
| Vaseretic | enalapril/hydrochlorothiazide tablet |
| Vasotec | enalapril tablet |
| Vesicare | solifenacin tablets |
| Vigamox 0.5% solution | moxifloxacin 0.5% solution |
| Viibryd | vilazodone |
| Vimpat | lacosamide |
| Vitatrue | prenatal vitamin, iron 30 mg/folic acid 1.4 mg/DHA 300 mg |
| Vivelle-DOT | estradiol transdermal patch |
| Vytorin | ezetimibe/simvastatin tablets |
| Wellbutrin SR | bupropion hydrochloride extended-release tablet |
| Wellbutrin XL | bupropion extended release |
| Welchol packet | colesevelam packet |
| Welchol tablet | colesevelam tablet |
| Xanax | alprazolam tablets |
| Xanax XR | alprazolam extended-release tablets |

| Non-Covered Brand | Bioequivalent Generic |
|-----------------------|---------------------------------------|
| Zarontin | ethosuximide |
| Zestoretic | lisinopril/hydrochlorothiazide tablet |
| Zestril | lisinopril tablet |
| Zetia | ezetimibe tablets |
| Ziac | bisoprolol and hydrochlorothiazide |
| Zoloft | sertraline |
| Zonegran | zonisamide |
| Zovirax capsule | acyclovir capsule |
| Zovirax suspension | acyclovir suspension |
| Zovirax tablet | acyclovir tablet |
| Zyloprim | allopurinol tablet |
| Zymaxid 0.5% solution | gatifloxacin 0.5% solution |
| Zyprexa | olanzapine |
| Zyprexa Zydis | olanzapine |

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

References

1. U.S Food and Drug Administration. Generic Drugs Overview & Basics:
<http://www.fda.gov/drugs/generic-drugs/overview-basics>. Accessed on 4/10/2025.

Revision Details

| Type of Revision | Summary of Changes | Date |
|-------------------|--|-----------|
| Annual Revision | <p>Removed diagnosis requirement from the following products: Felbatol, Keppra, Keppra XR, Lamictal, Lamictal ODT, Lamictal XR, Qudexy XR, Topamax, Trileptal, Vimpat, and Zonegran and to now support medical necessity review for both Employer Plans and Individual and Family Plans.</p> <p>Added to the policy to support medical necessity review for Individual and Family Plans: Atralin, Differin 0.1% cream, Differin 0.3% gel pump, Retin-A cream, Retin-A gel, Retin-A Micro gel, Retin-A Micro Pump gel</p> | 7/15/2024 |
| Selected Revision | <p>Removed Taytulla</p> <p>Added Moviprep, Mepron (Mepron effective 9/1/2024)</p> | 8/15/2024 |
| Selected Revision | Added Myrbetriq to support medical necessity review for Employer plans. | 9/1/2024 |

| | | |
|-------------------|---|------------|
| | Added Ancobon to support medical necessity review for Individual and Family Plans. | |
| Selected Revision | Added to the policy to support medical necessity review for Employer Plans: Accupril, Accuretic, Altace (applies to Value/Advantage/Total Savings and Individual and Family Plans), Anafranil, Ativan, Cardizem CD, Clobex 0.05% shampoo, Clobex 0.05% Spray, Cymbalta, Detrol, Detrol LA, Elixophyllin, EryPed 400, Halog 0.1% cream, Lexapro, Lotensin, Lotensin HCT, Lotrel, Pamelor, Parnate, Toviaz, Vanos 0.1% cream, Vaseretic, Vasotec, Vesicare, Zestoretic, Zestril. | 10/15/2024 |
| Selected Revision | <p>The following were added to the policy to support medical necessity review:</p> <p><u>Effective 11/1/2024</u> Added for Employer Plans: Cytomel (Individual and Family plans already utilize this policy), Synthroid, Unithroid</p> <p><u>Effective 1/1/2025</u> Added for Employer Plans and Individual and Family Plans: Aciphex tablet, Altace, Atacand, Atacand HCT, Avalide, Avapro, AZOR, Benicar, Benicar HCT, Carafate tablets, Cardizem LA, Cellcept 200mg/ml oral suspension, Cellcept 250mg capsule, Cellcept 500mg tablet, Cozaar, Diovan, Diovan HCT, Emend 80mg capsule and Emend Trifold Pack, Estrace cream, Exforge, Exforge HCT, Flomax, Hyzaar, Lomotil, Micardis, Micardis HCT, Natroba, Noxafil tablet (added dosage form to clarify tablet and suspension), Provera, Rapamune, Soma, Tribenzor, Vagifem, Valium, Xanax, Xanax XR, Zestril</p> <p>Added for Employer Plans: Diclegis, BiDil, Carafate suspension, Epaned, Estrace tablet (Individual and Family Plans already utilize this policy), Aczone (5% gel and 7.5% gel pump)</p> <p>Added for Individual and Family Plans: Celontin, Prezista 600mg and 800mg tablets, Noxafil 40mg/ml oral suspension (Employer plans already utilize this policy for tablet and suspension), Welchol (Employer plans already utilize this policy)</p> | 11/01/2024 |
| Selected Revision | Removed Moviprep and Suprep | 01/01/2025 |
| Selected Revision | Added Pepcid to support medical necessity review for Employer Plans and Individual and Family Plans. | 04/01/2025 |

| | | |
|-------------------|--|------------|
| | Removed Marinol; the criteria has been relocated to Dronabinol Products – (IP0719). | |
| Selected Revision | Updated Halog 0.1% cream to now read Halog 0.1% solution. | 05/01/2025 |
| Annual Revision | <p>Added for Employer Plans: Alinia tablets, Azilect, BromSite, Celebrex, Desowen cream, Estrogel, Evoxac, Femara, Gastrocrom, Imuran, Levbid, Levsin SL, Norvasc, Plavix, Prevident 5000 Plus, Pulmicort respules, Pyridium, Spiriva Handihaler, Singulair, Taclonex suspension, Uroxatral, Vytorin, Zetia.</p> <p>Added for Individual and Family Plans: Azilect, Celebrex, Desowen cream, Evoxac, Femara, Gastrocrom, Imuran, Levbid, Levsin SL, Norvasc, Plavix, Pulmicort respules, Pyridium, Singulair, Uroxatral, Vytorin, Zetia.</p> <p>Removed for Employer Plans: Differin 0.1% cream, Differin 0.3% gel pump, Retin-A cream (0.025%, 0.05%, 0.1%), Retin-A gel (0.025%, 0.01%), Retin-A Micro gel (0.04% & 0.1%), Retin-A Micro Pump gel (0.04%, 0.08%, 0.1%).</p> | 07/01/2025 |
| Selected Revision | <p>Added for Employer Plans: Climara, Dexilant, Divigel, Nexium DR capsules, Nexium DR packets, Prevacid SoluTabs</p> <p>Added for Individual and Family Plans: Climara, Dexilant, Nexium DR capsules, Nexium DR packets</p> <p>Added extended release to generic lamotrigine for Lamictal XR</p> <p>Updated Azopt 1% from solution to suspension</p> | 8/1/2025 |

The policy effective date is in force until updated or retired.

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