

CHANGES TO YOUR PLAN'S DRUG LIST



Starting July 1, 2019¹

To help make sure you have access to coverage for safe, clinically effective and low-cost medications, we regularly review and update your plan's drug list. **We're making changes to your drug list on July 1, 2019.¹** Please take a look at the list of changes below. If you're taking a medication that's changing coverage as of July 1st, please call your doctor's office to talk about your options. Only you and your doctor can decide what's best for your treatment.

Medications moving to a higher tier

On July 1st,¹ the medications listed below will become non-preferred brand on your plan's drug list. This means that these medications may cost you more to fill at the pharmacy. **We want you to know your plan covers other medications that are used to treat the same condition, but at a lower cost.** We've listed some options below for you and your doctor to consider.

DRUG CLASS	NON-PREFERRED BRAND MEDICATIONS	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS	Macrochantin 25mg ⁺⁺	nitrofurantoin 25mg
NUTRITIONAL/DIETARY	Vitatru ⁺⁺	Generic prenatal vitamin
TRANSPLANT MEDICATIONS	Prograf capsule ^{+,++}	tacrolimus ⁺

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

⁺ This is a specialty medication. Some plans cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use Cigna Specialty Pharmacy (our home delivery pharmacy) to receive coverage. For plans that cover these medications on a specialty tier, this change will not affect the cost of the medication. Please log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers specialty medications.

⁺⁺ Please check your plan materials to learn more about how your plan covers this brand name medication. For some plans, if you choose to fill a prescription for a brand name medication instead of the available generic equivalent, you'll pay a higher amount. You'll pay your generic (or brand) copay or coinsurance plus the difference in cost between the brand medication and the generic. Some plans don't require you to pay this higher amount when you fill a brand name medication. For example, your plan may only require you to pay your brand copay or coinsurance if your doctor writes "Dispense as Written" on your prescription and he/she requests that the pharmacist fill the brand name medication (not the available generic equivalent).

Together, all the way.®



Medications that need approval for coverage^

Starting July 1st,¹ the medications listed below will need approval from Cigna before your plan will cover them.^

This review process helps make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

DRUG CLASS	MEDICATIONS THAT NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION
GASTROINTESTINAL/HEARTBURN	Sucraid^^	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us before July 1 st so we can start the coverage review process.
HORMONAL AGENTS	budesonide ER^^	
DRUG CLASS	MEDICATIONS WITH A QUANTITY LIMIT	ADDITIONAL INFORMATION
HORMONAL AGENTS	budesonide ER^^, Uceris^^	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
PAIN RELIEF AND INFLAMMATORY DISEASE	Belbuca, buprenorphine patch, butorphanol spray, Butrans, tramadol, tramadol ER, Ultram	

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^ These changes may not apply to your plan because not all plans have extra coverage requirements like prior authorization or quantity limits. Starting July 1st, please log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers these medications.

^^ If you already have approval for your plan to cover this medication, this change won't affect you until your current approval runs out.

Medications being removed from your drug list*

Starting July 1st,¹ the medications listed below will no longer be covered on your plan's drug list.* This means if you fill a prescription for any of these medications on or after July 1st, you'll pay its full cost out-of-pocket. **We want you to know your plan covers other medications that are used to treat the same condition.** We've listed some below for you and your doctor to consider.

DRUG CLASS	MEDICATIONS NOT COVERED*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ALLERGY/NASAL SPRAYS	Ryvent, carbinoxamine 6mg	carbinoxamine 4mg
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, benzonatate 200mg
PAIN RELIEF AND INFLAMMATORY DISEASE	Allzital	butalbital-acetaminophen, butalbital-acetaminophen-caffeine, Fioricet, Phrenilin Forte, Tencon
	chlorzoxazone 250mg	metaxalone, methocarbamol
	fenoprofen 200mg, Fenortho	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, flurbiprofen, IBU, ibuprofen, indomethacin, indomethacin ER, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, Nalfon
	Indocin suspension**	generic NSAID (e.g. indomethacin capsules)

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

* These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription on or after July 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

** It's important to know that if Cigna approves coverage of this medication through a review process, you'll pay a higher cost-share to fill your prescription. Starting July 1st, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill this medication

DRUG CLASS	MEDICATIONS NOT COVERED*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Onzetra Xsail	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, zolmitriptan ODT
SLEEP DISORDERS/SEDATIVES	Zolpimist	zolpidem, zolpidem ER, eszopiclone, zaleplon, Belsomra, Silenor

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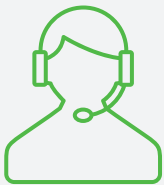
*These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription on or after July 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

If you're taking a medication that's changing coverage on July 1st, here are some steps you can take to prepare

➤ Call your doctor's office to talk about your options.

- If your medication is moving to a higher cost-share tier or will no longer be covered, ask if a generic or preferred brand alternative may be right for you. If your doctor agrees you should try a different medication, ask for a new prescription. Or, ask your pharmacist to contact your doctor for a new prescription. **You don't have to wait until July 1st to do this – you can change your prescription at any time.**
- If your medication needs approval before your plan will cover it, please ask your doctor's office to contact Cigna before July 1st so we can start the coverage review process. They know how the process works and will take care of everything for you. If you don't get approval by July 1st, your plan won't cover the cost of your medication.

➤ **Make sure you're paying the best price for your medication.** Prescription prices can vary by pharmacy. Before you pick up your prescription, compare your costs online. Starting July 1st, log in to the **myCigna**® app or website and click on "Price A Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.²



Questions?

We know that changes to your medication coverage can be difficult. We're here 24/7/365 to help answer any questions you have. If you'd like to talk, please call the number on the back of your Cigna ID card at any time. If it's easier, you can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.



1. State laws in Texas and Louisiana may require your plan to cover your medications 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, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call customer service using the number on the back of your ID card.
2. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.

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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