

CHANGES TO YOUR PLAN'S DRUG LIST



Starting January 1, 2020^{*,**}

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 January 1, 2020^{*,**}** We've listed the changes below. If you're taking one of these medications, call your doctor's office to talk about your options. Only you and your doctor can decide what's best for your treatment.

Medications being taken off of your drug list¹

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

DRUG CLASS	MEDICATIONS THAT WILL NO LONGER BE COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Combivir	lamivudine-zidovudine
	didanosine DR ⁵	Talk with your doctor about other alternatives.
	Epivir solution ³	lamivudine
	Epivir tablets	lamivudine
	Epzicom	abacavir-lamivudine
	Retrovir 100mg capsule, 10mg/ml syrup	zidovudine 100mg capsule, syrup
	stavudine ⁵	Talk with your doctor about other alternatives.
	Trizivir	abacavir-lamivudine-zidovudine
	Viramune 50mg/5ml oral suspension	nevirapine oral suspension
	Viread 300mg tablet	tenofovir 300mg tablet
	Ziagen	abacavir
ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat	Incruse Ellipta
	Stiolto Respimat	Anoro Ellipta
	Striverdi Respimat	Serevent

Together, all the way.[®]



DRUG CLASS	MEDICATIONS THAT WILL NO LONGER BE COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CANCER	Tarceva ²	erlotinib
	Zytiga 250mg ⁴	abiraterone
	Zytiga 500mg ³	abiraterone
GASTROINTESTINAL/HEARTBURN	CoLyte With Flavor Packets, GoLyteLy, Moviprep, Osmoprep, Plenvu	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, PEG 3350-Electrolyte, Prepopik, SuPrep
INFECTIONS	doxycycline IR-DR, Seysara	Generic products (e.g. doxycycline; minocycline)
MISCELLANEOUS	Syprine	Depen, penicillamine, trientine
MULTIPLE SCLEROSIS	Aubagio ⁵	Gilenya, Mayzent, Tecfidera
NUTRITIONAL/DIETARY	Nascobal ³	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	Cuprimine	Depen, penicillamine, trientine
SKIN CONDITIONS	Enstilar, Taclonex	calcipotriene-betamethasone DP ointment, calcipotriene plus topical betamethasone, tazarotene cream

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

1. 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 your medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.
2. If you currently have approval for your plan to cover this medication, your approval will end on January 1, 2020. If you still need to take this medication, your doctor will have to ask Cigna to consider approving continued coverage. If you receive approval from Cigna, the medication may cost you more to fill as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance.
3. If Cigna approves coverage of this medication through a review process, it may cost you more at the pharmacy. Starting January 1st, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
4. If Cigna approves coverage of this medication through a review process, it may cost you more at the pharmacy. Starting January 1st, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it. And depending on your plan, you may have to pay an additional charge (on top of your plan's cost-share) for filling a brand name medication that has a generic equivalent available.
5. If you're currently taking this medication, this change won't affect you. It only affects new prescriptions.

Medications that need approval for coverage¹

Starting January 1st, the medications listed below will need approval from Cigna before your plan will cover them.¹ 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 WILL NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION
AIDS/HIV	abacavir-lamivudine ³ , atazanavir ³ , Aptivus ³ , Atripla ³ , Cimduo ³ , Complera ³ , Delstrigo ³ , Descovy ³ , Edurant ³	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 January 1 st so we can start the coverage review process.
	efavirenz ³ , Emtriva ³ , Evotaz ³ , fosamprenavir ³ , Fuzeon ³ , Intelence ³ , Invirase ³ , Isentress HD ³ , Juluca ³ , Kaletra tablet ³	
	lamivudine 300mg ³ , Lexiva suspension ³ , lopinavir-ritonavir ³ , nevirapine ³ , nevirapine ER ³ , Odefsey ³	
	Pifeltro ³ , Prezcoibix ³ , Reyataz powder ³ , Selzentry ³ , Stribild ³ , Tenofovir ³ , Viread ³ 150mg, 200mg, 250mg, powder	
CHOLESTEROL MEDICATIONS	Vascepa ²	
COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER, promethazine-codeine syrup, promethazine-PE-codeine syrup	
	hydrocodone-homatropine, Tuxarin, Tuzistra XR	
HORMONAL AGENTS	Forteo ⁴	
INFECTIONS	Cayston, Kitabis Pak, TOBI Podhaler, tobramycin ampule	
	Plaquenil	

DRUG CLASS	MEDICATIONS THAT WILL NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION	
MISCELLANEOUS	Exjade Ferriprox Jadenu	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 January 1 st so we can start the coverage review process.	
OSTEOPOROSIS PRODUCTS	Tymlos ⁴		
DRUG CLASS	MEDICATIONS THAT WILL HAVE A QUANTITY LIMIT	ADDITIONAL INFORMATION	
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER, Adzenys XR-ODT, Daytrana, Dyanavel XR Metadate ER, methylphenidate CD, methylphenidate ER (CD) methylphenidate ER, methylphenidate ER (LA), methylphenidate LA QuilliChew ER, Quillivant XR, Vyvanse, Vyvanse chewable tablet Relexxii	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.	
DIABETES	Basaglar ⁸ , Humalog ⁸ , Humulin ⁸ , Levemir ⁸ , Tresiba ⁸ Farxiga, Glyxambi, Janumet, Janumet XR, Januvia, Jardiance Kombiglyze XR, Onglyza, QTERN, Segluromet, Steglatro Synjardy, Synjardy XR, Xigduo XR		
HORMONAL AGENTS	Forteo ⁴		
INFECTIONS	Cayston ⁵ , Kitabis Pak ⁵ , TOBI Podhaler ⁵ , tobramycin ⁵ ampule Xifaxan ⁶ 550mg tablet		
OSTEOPOROSIS PRODUCTS	Tymlos ⁴		
PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ⁷ 162mg/0.9ml syringe, Actemra ACTPen ⁷ , Cimzia ⁷ , Cosentyx ⁷ , Enbrel ⁷ Humira ⁷ , Ilumya ⁷ , Kevzara ⁷ , Kineret ⁷ , Olumiant ⁷ , Orencia ⁷ Clickject and syringe Otezla ⁷ , Simponi ⁷ pen injector and syringe, Stelara ⁷ syringe, 45mg/0.5ml vial, Taltz ⁷ , Tremfya ⁷ , Xeljanz ⁷ , Xeljanz XR ⁷		
DRUG CLASS	MEDICATIONS THAT ARE PART OF STEP THERAPY ¹⁰		GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Coreg CR, Corgard, Inderal LA, Inderal XL, Innopran XL, Kapsargo Sprinkle, Tenormin, Toprol XL		generic beta blockers (e.g. metoprolol)
DIABETES	Bydureon ³ , Byetta ³ , Farxiga ³ , Glyxambi ³ , Januvia ³ , Jardiance ³ , Onglyza ³ , Ozempic ³ , Qtern ³ , Steglatro ³ , Trulicity ³ , Victoza ³		metformin

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1. **These changes may not apply to your specific plan.** That's because some plans don't have prior authorization, quantity limits and/or Step Therapy. Log in to the myCigna app or website, or check your plan materials, to find out if your plan includes these extra coverage requirements.
2. If you received approval in 2017 through a review process for your plan to cover this medication, this change won't affect you.
3. If you're currently taking this medication, this change won't affect you. It only affects new prescriptions.
4. If you're currently taking this medication, this change won't affect you until January 1, 2022.
5. If you currently have approval for your plan to cover this medication, starting January 1st, you won't be able to receive coverage for more than the new quantity limit.
6. If you're taking this medication to treat hepatic encephalopathy, this change won't affect you.
7. Depending on the health condition you're using this medication to treat, you may be able to receive coverage for more than the new quantity limit. Talk with your doctor about your options.
8. If you've been filling a larger amount on a regular basis, you may be able to receive coverage for more than the new quantity limit. Talk with your doctor about your options.
9. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

Medications moving to a higher tier

On January 1st, 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. **Your plan covers other medications that are used to treat the same condition, but at a lower copay or coinsurance.** We've listed some options below.

DRUG CLASS	DRUGS MOVING TO NON-PREFERRED BRAND	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS	AndroGel 1% (5G) gel packet ²	testosterone 50mg/5g gel packet
	Cytomel 50mcg tablet ²	liothyronine 50mcg tablet
INFECTIONS	Stromectol 3mg tablet ²	ivermectin 3mg tablet
INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-Ject
NUTRITIONAL/DIETARY	vitaPearl ²	generic prenatal vitamin
SKIN CONDITIONS	Oxsoralen-Ultra 10mg capsule ²	methoxsalen 10mg
	Pramosone 2.5%-1% cream ²	hydrocortisone-pramoxine 2.5%-1% cream

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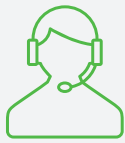
1. This is a specialty medication. Some plans cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use Accredo, a Cigna specialty pharmacy, to receive coverage. For plans that cover specialty medications on a specialty tier, this change won't affect the cost of the medication. Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers specialty medications.
2. Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers brand name medications that have a generic equivalent available. Depending on your plan, you may have to pay an additional charge (on top of your plan's cost-share) for filling the brand name medication.

Taking a medication that's changing coverage? If so, 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 tier or will no longer be covered, ask if a generic or preferred brand alternative may be right for you. If your doctor agrees, ask for a new prescription. Or, ask your pharmacist to contact your doctor for a new prescription. **You don't have to wait until January 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 January 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 January 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 fill your prescription, compare your costs online. Starting January 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.***



Questions?

Call the number on your ID card. We're here 24/7/365 to answer any questions you have. You can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.



* State laws in **Texas** and **Louisiana** 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.

** **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.

*** 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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