

CHANGES TO YOUR PLAN'S DRUG LIST



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

We're making changes to your plan's drug list on July 1, 2020.^{*,**} If you're affected by one of these changes, we'll send you a letter with specific information on next steps. In the meantime, here is a list of all the changes taking place.

Medications being taken off of your drug list¹

Starting July 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 July 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)
MISCELLANEOUS	Xenazine ²	tetrabenazine
PAIN RELIEF AND INFLAMMATORY DISEASE	Subsys ³	fentanyl lozenge or buccal tablet

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 July 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 July 1, 2020.
3. If you currently have approval for your plan to cover this medication, this change won't affect you.



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.

Together, all the way.®





* 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.

** State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.

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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