

CHANGES TO YOUR PLAN'S DRUG LIST



Starting January 1, 2021^{*,**}

We're making changes to your plan's drug list on January 1, 2021.^{***} 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 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	MEDICATIONS BECOMING NON-PREFERRED BRAND	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Intelence ¹	Talk to your doctor about other alternatives.
ERECTILE DYSFUNCTION	Caverject Impulse Syringe	MUSE
HORMONAL AGENTS	Unithroid 75mcg tablet	levothyroxine
INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625ml/5ml oral suspension

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

1. This is a specialty medication. 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.

Together, all the way.[®]



Medications that need approval for coverage.¹

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
BLOOD THINNERS/ANTI-CLOTTING	Eliquis ² , Pradaxa ² , Savaysa ² , Xarelto ²	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna.
HORMONAL AGENTS	Tirosint, Tirosint-Sol	

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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're currently taking this medication, this change won't affect you.

Medications being taken off of your drug list.¹

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 and the cost can't be applied to your annual deductible or out-of-pocket maximum. **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)
ASTHMA/COPD/RESPIRATORY	Advair HFA ² , Breo Ellipta ²	Dulera, fluticasone-salmeterol (generic Advair Diskus), fluticasone-salmeterol (generic Airduo), Symbicort, Wixela Inhub
	ProAir HFA ² , ProAir RespiClick ²	albuterol HFA
CONTRACEPTION PRODUCTS	Balcoltra, Natazia, Slynd, Taytulla	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)
DIABETES	GlucaGen HypoKit ² , Gvoke	Baqsimi, Glucagon Emergency Kit
EYE CONDITIONS	Cequa, Restasis MultiDose ² , Xiidra ²	Restasis
	Travatan Z, Xalatan, Xelpros, Zioptan ³	bimatoprost, latanoprost, travoprost
GASTROINTESTINAL/HEARTBURN	Creon ² , Pertzye, Zenpep ²	Pancreaze
	Linzess ² , Motegrity, Trulance ² , Zelnorm	Amitiza
	Sensipar	cinacalcet
HORMONAL AGENTS	TaperDex	dexamethasone 1.5mg tablet
INFECTIONS	Baraclude	entecavir tablet
	Noxafil tablet	posaconazole DR 100mg tablet
MULTIPLE SCLEROSIS	Ampyra ER ²	dalfampridine ER
NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge	generic triptans (e.g. naratriptan; sumatriptan)
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cosentyx ⁴	Enbrel, Humira, Otezla, Stelara, Taltz
	diclofenac 1.3% patch, Flector 1.3% patch ³ , Voltaren 1% gel ³	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)
	Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)

DRUG CLASS	MEDICATIONS THAT WILL NO LONGER BE COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS	Felbatol ⁵	felbamate
	Keppra/Keppra XR ⁵	levetiracetam/levetiracetam ER
	Lamictal XR Start Kit ⁵	lamotrigine ER
	Lamictal/ODT/XR ⁵	lamotrigine, lamotrigine ER, lamotrigine ODT
	Qudexy XR ⁵ , Trokendi XR ⁵	topiramate ER
	Sabril ⁵	vigabatrin, vigadrone
	Topamax ⁵	topiramate
	Trileptal ⁵	oxcarbazepine
SKIN CONDITIONS	Zonegran ⁵	zonisamide
	Apexicon E ³ , diflorasone, Impoyz ³ , Olux ³ , Olux-E ³ , Psorcon	betamethasone, clobetasol, halobetasol
	Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution
	Cordran ³	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol
	Finacea, MetroCream, MetroGel, MetroLotion, Soolantra ⁶	azelaic acid, topical metronidazole
	flurandrenolide, hydrocortisone butyrate lipid cream, lotion ³ , Pandel ³	betamethasone, fluocinolone, fluticasone
	Tridesilon ³	alclometasone, desonide, triamcinolone
SLEEP DISORDERS/SEDATIVES	Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo
	Belsomra ⁷	Dayvigo
URINARY TRACT CONDITIONS	Procysbi ⁸	Cystagon

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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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.
2. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
3. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.
4. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process. If Cigna re-approves coverage, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
5. **This change will only affect you if you're taking this medication to treat a seizure condition.** Also, it's important to know that your current approval to receive coverage for this medication will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.
6. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it. Also, because this medication has a generic equivalent available, you may have to pay an additional charge on top of your non-preferred brand cost-share. Check your plan materials to find out how your plan covers brand name medications.
7. This medication will no longer be part of Step Therapy as of January 1, 2021. If you currently have approval for your plan to cover this medication, your approval will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
8. If you're currently taking this medication, this change won't affect you.

Medications that will be excluded from coverage.

Starting January 1st, your plan will exclude the medication listed below from coverage. This means that your plan will no longer cover any prescription medications in this drug class or to treat this condition. There's also no option to receive coverage by showing that you need the medication for your treatment. If you fill a prescription for this medication on or after January 1st, you'll pay its full cost out-of-pocket directly to the pharmacy and the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATIONS THAT WILL BE EXCLUDED	ADDITIONAL INFORMATION
ALLERGY/NASAL SPRAYS	Beconase AQ, flunisolide, mometasone, Nasonex, Omnaris, Qnasl, Qnasl Children, Xhance, Zetonna	generics products available over-the-counter (e.g. budesonide, fluticasone)
	fluticasone 50 mcg spray	generics products available over-the-counter (e.g. budesonide)
EYE CONDITIONS	azelastine, Bepreve, epinastine, Lastacaft, Pazeo, Zerviate	products available over-the-counter (e.g. Alaway, Pataday)
SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

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Medications that will move to a lower tier.

The medications listed below are becoming, or recently became, preferred brand on your plan's drug list. This means that these medications may cost you less to fill at the pharmacy.

DRUG CLASS	PREFERRED BRAND MEDICATION
DIABETES	Baqsimi
GASTROINTESTINAL/HEARTBURN	Pancreaze
INFECTIONS	Epclusa, Harvoni
PAIN RELIEF AND INFLAMMATORY DISEASE	Ajovy ¹ , Emgality ¹ , Taltz
SEIZURE DISORDERS	Vimpat
URINARY TRACT CONDITIONS	Cystagon

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1. If you currently have approval for your plan to cover this medication, you can continue to receive coverage until your approval ends.



Questions?

Call the number on your Cigna 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.

** 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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