

# CHANGES TO YOUR PLAN'S DRUG LIST



Starting January 1, 2019<sup>1</sup>

To help make sure you have access to coverage for safe, clinically effective and affordable medications, we regularly review and update your plan's drug list. **We're making changes to your drug list on January 1, 2019.<sup>1</sup>** Please take a look at the list of changes below. If you're taking a medication that's changing coverage on January 1<sup>st</sup>, please call your doctor's office to talk about your options. Only you and your doctor can decide what's best for you.

## Medications moving to a higher cost-share tier

**On January 1<sup>st</sup>,<sup>1</sup> the medication(s) listed below will become non-preferred brand on your plan's drug list.** This means this medication(s) 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 DRUG(S)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CONTRACEPTION PRODUCTS	Beyaz <sup>++</sup>	drospirenone-ethinyl estradiol/levomefolate, Rajani
DIURETICS	Edecrin <sup>++</sup>	bumetanide, furosemide, torsemide
NUTRITIONAL/DIETARY	K-Tab ER <sup>++</sup>	Klor-Con, potassium chloride
PAIN RELIEF AND INFLAMMATORY DISEASE	Colcrys <sup>+</sup>	colchicine
TRANSPLANT MEDICATIONS	Neoral <sup>+</sup>	cyclosporine modified <sup>+</sup> , Gengraft <sup>+</sup>
	Prograf 1mg capsule <sup>+</sup>	tacrolimus <sup>+</sup>
	Rapamune 0.5, 1, 2mg tablets	sirolimus <sup>+</sup>

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

<sup>+</sup> 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 website or app, or check your plan materials, to learn more about how your plan covers specialty medications.

<sup>++</sup> Please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers this brand name medication. For some plans, if you fill a prescription for a brand name medication instead of the available generic (even though your doctor's OK with the generic), 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. It's important to know that only the generic medication cost or generic copay will apply to your deductible and/or out-of-pocket maximum (if your plan requires you to pay this higher amount). The difference between the brand name cost and generic cost won't apply. 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 alternative).

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## Medications that need approval for coverage<sup>^</sup>

Starting January 1<sup>st</sup>,<sup>1</sup> the medication(s) listed below will need approval from Cigna before your plan will cover it.<sup>^</sup> 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	MEDICATION(S) THAT NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION	
ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 <sup>st</sup> , ask the office to contact us soon so we can start the coverage review process.	
PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral <sup>^^^</sup>		
	Actiq <sup>^^^</sup>		
	Fentanyl <sup>^^^</sup>		
	Fentora <sup>^^^</sup>		
	Lazanda <sup>^^^</sup>		
	Subsys <sup>^^^</sup>		
SEIZURE DISORDERS	Aptiom <sup>^^</sup>		
	Banzel <sup>^^</sup>		
	Briviact tablet, solution <sup>^^</sup>		
	Fycompa <sup>^^</sup>		
	Oxtellar XR <sup>^^</sup>		
	Spritam <sup>^^</sup>		
	Vimpat tablet, solution <sup>^^</sup>		
DRUG CLASS	MEDICATION(S) WITH A QUANTITY LIMIT	ADDITIONAL INFORMATION	
ASTHMA/COPD/RESPIRATORY	Kalydeco	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.	
	Orkambi		
DIABETES	Adlyxin		
	Byetta		
GASTROINTESTINAL/HEARTBURN	Dexilant DR 30mg capsule <sup>^^^^</sup>		
	esomeprazole DR cap <sup>^^^^</sup>		
	Nexium DR packet <sup>^^^^</sup>		
INFECTIONS	Difcid		
DRUG CLASS	MEDICATION(S) WITH AN AGE REQUIREMENT		ADDITIONAL INFORMATION
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER <sup>^^^^^</sup>		Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
	Adzenys XR-ODT <sup>^^^^^</sup>		
	Daytrana <sup>^^^^^</sup>		
	Dyanavel XR <sup>^^^^^</sup>		
	Quillichew ER <sup>^^^^^</sup>		
	Quillivant XR <sup>^^^^^</sup>		
	Vyvanse chewable <sup>^^^^^</sup>		

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

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

<sup>^^</sup> If you're taking this medication to treat a seizure disorder and you're under 18 years of age, this change won't affect you.

<sup>^^^</sup> If you're taking this medication as part of a cancer treatment program, your plan will cover this medication (but you'll need prior approval from Cigna).

<sup>^^^^</sup> If you're taking this medication to treat Zollinger-Ellison syndrome (ZES), this change won't affect you.

<sup>^^^^^</sup> If you're under 13 years of age, this change won't affect you.

## Medications being removed from your drug list\*

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

DRUG CLASS	MEDICATION(S) NOT COVERED*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Crixivan*****	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
	Norvir 100mg tab	ritonavir 100mg tab
	Reyataz capsule	atazanavir capsule
	Viracept*****	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR**, Aptensio XR**, Concerta**, Focalin XR**, Ritalin LA**	dexmethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA, Vyvanse
CHOLESTEROL MEDICATIONS	Livalo**	atorvastatin, fluvastatin ER, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
	Praluent**	Repatha
SEIZURE DISORDERS	Keppra***	levetiracetam
	Keppra XR***	levetiracetam ER
	Lamictal***, Lamictal (blue, green, orange)***	lamotrigine
	Lamictal ODT***, Lamictal ODT (blue, green, orange)***	lamotrigine ODT
	Lamictal XR****, Lamictal XR (blue, green, orange)****	lamotrigine ER
	Qudexy XR****, Trokendi XR****	topiramate ER
	Sabril***	vigabatrin
	Topamax***	topiramate
SKIN CONDITIONS	Trileptal***	oxcarbazepine
	Acanya, Aczone, Aktipak, Atralin, Avita, Azelex, Differin, Epiduo, Epiduo Forte, Fabior, Onexton, Retin-A, Retin-A Micro, Tazorac, Tretin-X, Veltin	adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone
	acyclovir ointment, Denavir	acyclovir tablet, famciclovir tablet, valacyclovir tablet
	doxepin 5% cream	Ala-Cort, aclometasone, amcinonide, Apexicon E, betamethasone, clobetasol, clocortolone, Clodan, desonide
	Exelderm	econazole, ketoconazole, oxiconazole

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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 January 1<sup>st</sup>, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

\*\* If you currently have approval from Cigna for your plan to cover this medication, it's important to know that your approval will end on January 1<sup>st</sup>.

\*\*\* If you're taking this medication to treat a seizure disorder, this change won't affect you.

\*\*\*\* If you're taking this medication to treat a seizure disorder, this change won't affect you. However, it's important to know that you'll now pay your plan's non-preferred brand copay to fill your prescription.

\*\*\*\*\* If you're taking this medication, this change won't affect you.

## If you're taking a medication that's changing coverage on January 1<sup>st</sup>, 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 an alternative medication may be right for you. If your doctor agrees you should try a different medication, ask for a new prescription. **You don't have to wait until January 1<sup>st</sup> 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 call us before January 1<sup>st</sup> so we can start the coverage review process. If you don't get approval by this date, your plan won't cover the cost of your medication. The office knows how the process works and will take care of everything for you.

### › Estimate your prescription costs online. Starting January 1<sup>st</sup>, log in to the **myCigna**<sup>®</sup> website or app and use the Drug Cost tool to estimate how much your medication may cost to fill.<sup>2</sup> You can also look to see what other lower-cost options are available. **It's important to know that the Drug Cost tool won't show this new cost estimate until January 1<sup>st</sup>.**



### 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 in the Drug Cost tool, 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. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.

### 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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