

# STANDARD PRESCRIPTION DRUG LIST



Coverage information as of January 1, 2020\*,\*\* for many commonly used medications

## Your plan will be using the Standard Prescription Drug List

You may notice that some medications are covered differently on your new drug list. We've listed some examples 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 you.

### Standard Prescription Drug List

- Includes more generic and lower-cost brand medications. Generic medications offer the same strength and active ingredients as the brand-name but often cost much less – in some cases, up to 85% less.<sup>^</sup>
- May list brand medications on a different tier.
- Doesn't cover certain high-cost brand medications because they have lower-cost alternatives which are used to treat the same condition.<sup>^^</sup>

## Medications covered on a higher tier

The medications listed below are non-preferred brand on the Standard Prescription 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	NON-PREFERRED BRAND MEDICATIONS	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS	Cytomel <sup>2</sup>	liothyronine 50mcg tablet
INFERTILITY	Follistim AQ <sup>1</sup>	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject
NUTRITIONAL/DIETARY	VitaPearl <sup>2</sup>	Generic prenatal vitamin
SKIN CONDITIONS	Pramosone 2.5%-1% cream <sup>2</sup>	hydrocortisone-pramoxine 2.5%-1% cream

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

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.

Together, all the way.<sup>®</sup>



## Medications that need approval for coverage<sup>1</sup>

On the Standard Prescription Drug List, the medications listed below need approval from Cigna before your plan will cover them.<sup>1</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	MEDICATIONS THAT NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION
AIDS/HIV	abacavir-lamivudine <sup>3</sup> atazanavir <sup>3</sup> Atripla <sup>3</sup> Cimduo <sup>3</sup> Complera <sup>3</sup> Descovy <sup>3</sup> Evotaz <sup>3</sup> Intelence <sup>3</sup> Isentress HD <sup>3</sup> Juluca <sup>3</sup> Odefsey <sup>3</sup> Prezcobix <sup>3</sup> Selzentry <sup>3</sup> Stribild <sup>3</sup> Symtuza <sup>3</sup> tenofovir Viread <sup>3</sup> 150mg, 200mg, 250mg and powder	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 soon so we can start the coverage review process.
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall <sup>5</sup> , dextroamphetamine-amphetamine <sup>5</sup> dexmethylphenidate <sup>5</sup> dexmethylphenidate ER <sup>5</sup> dextroamphetamine-amphetamine ER <sup>5</sup> Evekeo <sup>5</sup> Metadate ER <sup>5</sup> Methylin methylphenidate <sup>5</sup> , methylphenidate CD <sup>5</sup> , methylphenidate ER (CD) <sup>5</sup> , methylphenidate ER <sup>5</sup> , methylphenidate ER (LA) <sup>5</sup> , methylphenidate LA <sup>5</sup> Relexxii <sup>5</sup> Ritalin <sup>5</sup> Vyvanse <sup>5</sup> , Vyvanse <sup>5</sup> chewable tablet	
CHOLESTEROL MEDICATIONS	Vascepa <sup>2</sup>	
COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER	
HORMONAL AGENTS	Forteo <sup>4</sup>	
INFECTIONS	Plaquenil	
MISCELLANEOUS	Exjade Ferriprox Jadenu, Jadenu Sprinkle	
OSTEOPOROSIS PRODUCTS	Tymlos <sup>4</sup>	

DRUG CLASS	MEDICATIONS THAT HAVE A QUANTITY LIMIT	ADDITIONAL INFORMATION
ANXIETY/DEPRESSION/BIPOLAR DISORDER	bupropion XL duloxetine	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.
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER, Adzenys XR-ODT Daytrana Dyanavel XR QuilliChew ER Quillivant XR Vyvanse, Vyvanse Chewable tablet	
DIABETES	Basaglar <sup>9</sup> KwikPen U-100 Farxiga Glyxambi Humalog <sup>9</sup> Humulin <sup>9</sup> Janumet, Janumet XR Januvia Jardiance Kombiglyze XR Levemir <sup>9</sup> Onglyza QTERN Segluromet Steglatro Synjardy, Synjardy XR Tresiba Xigduo XR	
HORMONAL AGENTS	Forteo <sup>4</sup>	
INFECTIONS	Cayston <sup>4</sup> , Kitabis Pak <sup>4</sup> , TOBI Podhaler <sup>4</sup> , tobramycin <sup>4</sup> ampule Xifaxan <sup>7</sup> 550mg tablet	
OSTEOPOROSIS PRODUCTS	Tymlos <sup>4</sup>	
PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra <sup>8</sup> 162mg/0.9ml syringe, Actemra ACTPen <sup>8</sup> Cimzia <sup>8</sup> Cosentyx <sup>8</sup> diclofenac sodium 1% gel Enbrel <sup>8</sup> Humira <sup>8</sup> Ilumya <sup>8</sup> Kevzara <sup>8</sup> Kineret <sup>8</sup>	

DRUG CLASS	MEDICATIONS THAT HAVE A QUANTITY LIMIT	ADDITIONAL INFORMATION
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Olumiant <sup>8</sup> Orencia syringe <sup>8</sup> Orencia ClickJect <sup>8</sup> Otezla <sup>8</sup> Simponi <sup>8</sup> Stelara <sup>8</sup> syringe, 45mg/0.5ml vial Taltz <sup>8</sup> Autoinjector, syringe Tremfya <sup>8</sup> Xeljanz <sup>8</sup> , Xeljanz XR <sup>8</sup>	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.
DRUG CLASS	MEDICATIONS THAT ARE PART OF STEP THERAPY <sup>10</sup>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Bystolic, Coreg CR, Corgard, Inderal LA, Inderal XL, Innopran XL, Kapspargo Sprinkle, Tenormin, Toprol XL	Generic beta blockers (e.g. metoprolol)
DIABETES	Bydureon, Byetta, Farxiga, Ozempic, Trulicity, Victoza	metformin

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

1. **These coverage requirements 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 requirement won't affect you.
3. If you're currently taking this medication, this requirement won't affect you. It only affects new prescriptions.
4. If you're currently taking this medication, this requirement won't affect you until January 1, 2022.
5. **This requirement may not apply to your specific plan.** However, if it does, it won't affect you if you're under the age of 18.
6. If you currently have approval for your plan to cover this medication, starting January 1<sup>st</sup>, you won't be able to receive coverage for more than the quantity limit.
7. If you're taking this medication to treat hepatic encephalopathy, this requirement won't affect you.
8. Depending on the health condition you're using this medication to treat, you may be able to receive coverage for more than the quantity limit. Talk with your doctor about your options.
9. 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.
10. 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, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

## Medications that are not covered on your drug list<sup>1</sup>

**The medications listed below aren't covered on the Standard Prescription Drug List.<sup>1</sup>** This means if you fill a prescription for any of these medications, 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 ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Combivir didanosine DR <sup>5</sup> Epivir solution <sup>3</sup> Epivir tablets Epzicom Retrovir 100mg capsule, 10mg/ml syrup Sustiva <sup>5</sup> Trizivir Viramune 50mg/5ml oral suspension Viread 300mg tablet Ziagen	lamivudine-zidovudine Talk to your doctor about other alternatives lamivudine lamivudine abacavir-lamivudine zidovudine 100mg capsule, syrup Talk to your doctor about other alternatives abacavir-lamivudine-zidovudine nevirapine oral suspension tenofovir 300mg tablet abacavir

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ALLERGY/NASAL SPRAYS	Auvi-Q, Epipen 2-Pak, Epipen Jr 2-Pak	Epinephrine auto injector
	Beconase AQ, Dymista, QNASL	Generics only nasal steroids
	QNASL Children's	Generics only nasal steroids--approved for children only
	Ryvent 6mg tablet	carbinoxamine 4mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline capsules
	Pexeva	paroxetine, paroxetine CR
	Tofranil	imipramine tablet
ASTHMA/COPD/RESPIRATORY	Wellbutrin XL	bupropion XL
	Advair Diskus, AirDuo RespiClick	Advair HFA, Breo Ellipta, fluticasone-salmeterol (generic Advair Diskus), fluticasone-salmeterol (generic AirDuo), Symbicort, Wixela Inhub
	Albuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA, ProAir RespiClick, Ventolin HFA
	Alvesco, Arnuity Ellipta, Asmanex Twisthaler, Asmanex HFA	Flovent Diskus, Flovent HFA, Pulmicort Flexhaler, QVAR, QVAR RediHaler
	SEEBRI NEOHALER, Spiriva, Spiriva Respimat	Incruse Ellipta
	Stiolto Respimat, Utibron Neohaler	Anoro Ellipta
	Striverdi Respimat	Serevent Diskus
	Yupelri	Anoro Ellipta, Incruse Ellipta, Spiriva Handihaler, Spiriva Respimat, Stiolto Respimat, Trelegy Ellipta
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR	dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate ER, methylphenidate ER (CD), methylphenidate ER (LA), methylphenidate LA, Vyvanse
	Aptensio XR	dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate ER, methylphenidate ER (CD), methylphenidate ER (LA), methylphenidate LA, Vyvanse
	Concerta	dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate ER, methylphenidate ER (CD), methylphenidate ER (LA), methylphenidate LA, Vyvanse
	Cotempla XR-ODT	dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate ER, methylphenidate ER (CD), methylphenidate ER (LA), methylphenidate LA, Vyvanse
	Mydayis	dextroamphetamine ER, dextroamphetamine-amphetamine ER, Vyvanse
	Ritalin LA	dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate ER, methylphenidate ER (CD), methylphenidate ER (LA), methylphenidate LA, Vyvanse

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin
CANCER	Tarceva <sup>2</sup>	erlotinib
	Yonsa	abiraterone
	Zytiga 250mg <sup>4</sup>	abiraterone
	Zytiga 500mg <sup>3</sup>	abiraterone
CHOLESTEROL MEDICATIONS	Lipitor	atorvastatin
	Livalo	Generic statins (e.g. atorvastatin; simvastatin)
	Zypitamag	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
DIABETES	test strips not made by Johnson and Johnson	J&J Test Strips (OneTouch)
	Admelog Solostar	Humalog
	Admelog, Insulin Lispro	Humalog
	Afrezza	Humalog, Humulin R
	Apidra	Humalog
	Apidra Solostar	Humalog KwikPen
	Fiasp	Humalog
	Fortamet, Glumetza, metformin ER gastric, metformin ER osmotic	metformin ER (generic to Glucophage XR)
	Invokamet	Synjardy, Synjardy XR, Xigduo XR
	Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga, Jardiance, metformin, Steglatro
	Jentadueto	Janumet, Janumet XR, Kombiglyze XR
	Jentadueto XR	Janumet XR, Kombiglyze XR
	Kazano	Janumet, Janumet XR, Kombiglyze XR
	Lantus, Lantus Solostar	Levemir, Levemir FlexTouch, Tresiba FlexTouch U-100, Tresiba FlexTouch U-200
	Nesina	Januvia/Onglyza (including combination products), metformin
	Novolin 70-30	Humulin, Humalog products
	Novolin N	Humulin N
	Novolin R	Humulin R
	Novolog, Novolog FlexPen	Humalog, Humalog Kwikpen
	Oseni	Generic TZDs, Januvia/Onglyza (including combination products)
	Steglujan	Glyxambi, metformin, QTERN
	Toujeo Solostar	Levemir, Levemir FlexTouch, Tresiba FlexTouch U-100, Tresiba FlexTouch U-200
	Tradjenta	Januvia, Onglyza (including combination products), metformin

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIURETICS	Edecrin	Generic loop diuretics
EYE CONDITIONS	Vyzulta	bimatoprost, latanoprost, Lumigan, Travatan Z
GASTROINTESTINAL/HEARTBURN	Asacol HD, Delzicol	Apriso, balsalazide, mesalamine 400mg (gen. Delzicol), mesalamine 800mg DR (generic Asacol HD), mesalamine 1.2gm (gen. Lialda), Pentasa, sulfasalazine
	CoLyte With Flavor Packets, Golytely, Moviprep, Osmoprep, Plenvu	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, PEG 3350-Electrolyte, Prepopik, SuPrep
	Cortifoam	Prescription hydrocortisone cream, hydrocortisone suppository, hydrocortisone enema
	Nexium DR 20mg and 40mg	esomeprazole
	Pylera	lansoprazole-amoxicillin-clarithromycin
	Syndros	dronabinol
	Uceris foam	Prescription hydrocortisone cream, hydrocortisone suppository, hydrocortisone enema
HORMONAL AGENTS	Zuplenz	ondansetron, ondansetron ODT
	dexamethasone 6 Day 1.5mg, 10 Day 1.5mg, 13 Day 1.5mg tablet, Taperdex 6 Day 1.5mg, 12 Day 1.5mg tablet	dexamethasone 1.5mg tablet
	Fortesta, Natesto, Testim, Vogelxo	AndroGel and generic topical testosterone
	Genotropin, Nutropin AQ Nuspin, Omnitrope, Saizen, Saizen-Saizenprep, Zomacton	Humatrop, Norditropin
	Nocdurna	desmopressinacetate nasal spray or tablets
	Rayos	prednisone
	Uceris 9mg ER tablet	budesonide 9mg tablet, hydrocortisone, dexamethasone, methylprednisolone, prednisone, prednisolone
INFECTIONS	Xyosted	Generic testosterone, Androderm
	Acticlate, Doryx, Doryx MPC, Seysara, Solodyn, Ximino	Generic products (e.g. doxycycline; minocycline)
	Bethkis	tobramycin inhalation solution, Kitabis
	doxycycline IR-DR, Oracea	doxycycline hyclate 50mg delayed released tablets, doxycycline monohydrate 50mg tablets, minocycline ER 45mg
	Epclusa	sofosbuvir-velpatasvir
	Harvoni	ledipasvir-sofosbuvir
	TOBI 300mg/5ml solution	tobramycin inhalation solution, Kitabis
MISCELLANEOUS	Vancocin	vancomycin oral capsule
	Horizant	gabapentin
MULTIPLE SCLEROSIS	Syprine	Depen, penicillamine, trientine
	Aubagio <sup>5</sup>	Gilenya, Mayzent, Tecfidera
	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Tecfidera
NUTRITIONAL/DIETARY	Nascobal <sup>3</sup>	cyanocobalamin injection

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE	Allzital	butalbital-acetaminophen tablets, butalbital-acetaminophen-caffeine capsules and tablets
	Amrix, cyclobenzaprine ER	cyclobenzaprine tablets, carisoprodol, chlorzoxazone 500mg, methocarbamol, orphenadrine
	Cambia, fenoprofen 200mg capsule, Fenortho, Naprelan, Zipsor	Any oral generic NSAID (e.g. indomethacin capsules) except for naproxen ER/CR and fenoprofen 200mg
	chlorzoxazone	chlorzoxazone, metaxalone, methocarbamol
	Cuprimine	Depen, penicillamine, trientine
	diclofenac 1.5% topical solution	diclofenac 1% gel, Generic oral prescription NSAID
	Duexis, Vimovo	Generic NSAIDs (e.g. celecoxib; meloxicam)
	Gralise	gabapentin
	levorphanol	Generic short acting narcotics, acetaminophen-codeine, Embeda, hydrocodone-acetaminophen, Hysingla, oxycodone-acetaminophen, tramadol, Xtampza, Xtampza ER
	Migranal	dihydroergotamine nasal spray
	Onzetra Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Xtampza, Embeda, Hysingla (all alternatives require prior auth)
	Pennsaid	diclofenac 1% gel, Generic oral prescription NSAID
	Roxicodone	oxycodone
	Siliq	Cosentyx, Stelara
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Treximet	sumatriptan plus a generic prescription NSAID
	Vivlodex	meloxicam
	Zembrace Symtouch	sumatriptan
	Zomig	sumatriptan tablets and nasal sprays, zolmitriptan tablets
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
PARKINSON'S DISEASE	Gocovri	amantadine
	Zelapar	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify, Abilify Mycite	ariPIPrazole
SEIZURE DISORDERS	Kepra	levetiracetam
	Kepra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	Lyrica CR Mysoline Qudexy XR, Trokendi XR Sabril Sympazan Topamax Trileptal	duloxetine, gabapentin, lidocaine 5% topical patch, Lyrica primidone topiramate ER vigabatrin oral clobazam tablets, suspension topiramate, topiramate sprinkle capsules oxcarbazepine
SKIN CONDITIONS	Absorica Acanya, Aczone, Atralin, Duac, Epiduo, Epiduo Forte, Fabior, Onexton, Retin-A Micro, Retin-A Micro Pump, Tazorac Anusol-HC Benzacllin Carac Clindagel Clobex Denavir 1% cream Duobrii Enstilar, Taclonex Ertaczo cream Exelderm Extina Halog, Ultravate X imiquimod, Zyclara Jublia, Kerydin Kenalog Lexette Luzu Noritate Qbrexza Sernivo Trianex ointment Ultravate lotion Vanos Xerese Ziana Zovirax	Myorisan, Zenatana Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) hydrocortisone 2.5% rectal cream, 25mg suppository clindamycin-benzoyl peroxide fluorouracil 0.5% cream clindamycin gel, topical solution clobetasol lotion, spray, shampoo acyclovir tablet, famciclovir tablet, valacyclovir tablet halobetasol plus tazarotene cream calcipotriene-betamethasone DP ointment, calcipotriene plus topical betamethasone, tazarotene cream ketoconazole cream topical econazole, ketoconazole, oxiconazole ketoconazole cream, foam clobetasol cream or ointment, halobetasol cream or ointment imiquimod 5% cream ciclopirox topical solution, itraconazole capsules, terbinafine tablets triamcinolone aerosol spray clobetasol cream or ointment, halobetasol cream or ointment econazole, ketoconazole cream, luliconazole, oxiconazole metronidazole cream Talk to your doctor about other alternatives clobetasol spray, triamcinolone aerosol spray triamcinolone cream or ointment clobetasol lotion fluocinonide 0.1% cream acyclovir, famciclovir and valacyclovir tablets + hydrocortisone cream clindamycin-tretinoin gel acyclovir tablet, famciclovir tablet, valacyclovir tablet

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Edluar	zolpidem, zolpidem ER
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan nasal spray
URINARY TRACT CONDITIONS	Enablex	darifenacin ER
	Gelnique, Myrbetriq, Toviaz	darifenacin ER, oxybutynin ER, tolterodine ER, trospium ER
	Vesicare	darifenacin ER, oxybutynin ER, solifenacina, tolterodine ER, trospium ER

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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 your medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.
- 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 1<sup>st</sup>. You'll pay your tier 3 (non-preferred brand) copay or coinsurance.
- If Cigna approves coverage of this medication through a review process, it may cost you more at the pharmacy. Starting January 1<sup>st</sup>, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
- If Cigna approves coverage of this medication through a review process, it may cost you more at the pharmacy. Starting January 1<sup>st</sup>, 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.
- If you're currently taking this medication, this change won't affect you. It only affects new prescriptions.

## Taking one of these medications? If so, here are some steps you can take to get coverage.

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

- If your medication is covered on a higher tier or isn't 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 can change your prescription at any time.**
- If your medication needs approval before your plan will cover it, ask your doctor's office to contact Cigna 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, 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. As soon as your plan starts using the Standard Prescription Drug List, 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.<sup>†</sup>



### 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, 9am-8pm 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.

\*\*\* **This isn't a full list of medications that may be covered differently.** You can log in to the myCigna app or website to see which medications are covered (and not covered) on the Standard Prescription Drug List.

<sup>^</sup> U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.

<sup>^^</sup> Certain 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.

<sup>†</sup> Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

#### 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, you may be required to use an in-network pharmacy to fill the prescription. If you 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. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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