

CHANGES TO YOUR DRUG LIST



More generics and lower-cost brands to help you stay healthy and save money

As your health partner, we want to help you get – and stay – healthy. That means making sure you have access to coverage for safe, clinically effective and low-cost medications. To do this, we regularly review and update our drug list. **We're making changes to your plan's drug list on January 1, 2018.*** We've listed these changes below.

Medications moving to a higher tier (coverage/cost level)

Starting January 1, 2018, the medications listed below will move to non-preferred brand on your plan's drug list.

If you fill a prescription for any of these medications on or after this date, you may pay more at the pharmacy.

There are lower-cost alternatives available. We've listed some of them below for you to talk about with your doctor.

DRUG CLASS	NON-PREFERRED BRAND MEDICATION	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Astepro	azelastine
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR	dextroamphetamine-amphetamine ER
	Focalin XR	dexmethylphenidate ER
SKIN CONDITIONS	Ala-Scalp	hydrocortisone topical
	Analpram HC lotion	hydrocortisone-pramoxine
	Capex shampoo	fluocinolone scalp
	Cordran	flurandrenolide
	Differin	adapalene
	Metrogel	metronidazole
	Naftin	naftifine
Nucort, Texacort	hydrocortisone topical	

Together, all the way.®



Medications not covered on your drug list[^]

Starting January 1, 2018, the medications listed below will no longer be covered on your plan's drug list.[^] If you fill a prescription for any of these medications on or after this date, you'll have to pay the full cost of the medication. You should think about switching to a covered alternative.[^] We've listed some alternatives below for you to talk about with your doctor.

DRUG CLASS	MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Tofranil	imipramine
ASTHMA/COPD/RESPIRATORY	Zyflo	montelukast, zafirlukast, zileuton ER
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine, dextroamphetamine ER
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol tablets
CANCER	Nilandron	nilutamide
DIABETES	Invokamet, Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga, Jardiance
	Lantus, Lantus SoloStar, Toujeo SoloStar	Basaglar, Levemir, Tresiba
	Novolin, Novolog	Humalog, Humulin
GASTROINTESTINAL/HEARTBURN	Cortifoam, Uceris rectal foam	Anucort-HC, Colocort, Hemmorex-HC, hydrocortisone, Procto-Med HC, Procto-Pak, Proctosol-HC, Proctozone-HC
	Lotronex	alosetron
	Marinol	dronabinol
	omeprazole bicarbonate packets, 40-1100mg capsules, 20-1100mg	omeprazole
	Rowasa	mesalamine enema
	Uceris tablet	budesonide EC capsule
	Zegerid	omeprazole
	Zofran	ondansetron
	Zofran ODT	ondansetron ODT
HORMONAL AGENTS	DDAVP	desmopressin
	Hectorol	doxercalciferol capsule
INFECTIONS	Augmentin, Augmentin ES, Augmentin XR	amoxicillin-clavulanate ER, amoxicillin-clavulanate
	Diflucan	fluconazole
	E.E.S. 200, Eryped 400	erythromycin ethylsuccinate
	Mepron	atovaquone
	Sporanox	itraconazole
	Targadox	Avidoxy tablet, doxycycline hyclate, Morgidox capsule
	Valcyte	valganciclovir

DRUG CLASS	MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
INFECTIONS (<i>cont.</i>)	Vancocin	vancomycin capsule
	Zovirax	acyclovir
MISCELLANEOUS	Gralise, Horizant	gabapentin
PAIN RELIEF AND INFLAMMATORY DISEASE	Cambia	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, Fenortho, flurbiprofen, ibuprofen, indomethacin, indomethacin ER, ketoprofen, Ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone
	D.H.E. 45, Migranal	dihydroergotamine
	Imitrex, Sumavel DosePro	sumatriptan
	Lorzone	chlorzoxazone
	OxyContin	Embeda, Hysingla ER, Xtampza ER
	Roxicodone	oxycodone
	Tivorbex	indomethacin
	Vivlodex	meloxicam
	Zomig	sumatriptan, zolmitriptan
	Zorvolex	diclofenac, diclofenac ER
	PARKINSON'S DISEASE	Lodosyn
Requip XL		ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SKIN CONDITIONS	Cutivate	fluticasone cream
	Kenalog	triamcinolone spray
	Locoid lotion	hydrocortisone butyrate
	Luzu	ketconazole cream
	Soriatane	acitretin
	Ziana	clindamycin-tretinoin
SLEEP DISORDERS/SEDATIVES	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER, oxybutynin ER, tolterodine ER, trospium ER

[^] These medications require approval from Cigna before they're covered by your plan. 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.

Medications that need approval for coverage

Starting January 1, 2018, the medications listed below will require approval from Cigna before they're covered by your plan.

DRUG CLASS	MEDICATION REQUIRING PRIOR AUTHORIZATION	ADDITIONAL INFORMATION
GASTROINTESTINAL/HEARTBURN	Akynzeo, Anzemet, Emend, Sancuso, Varubi	Your plan only covers this medication if your doctor requests and receives approval from Cigna.
HORMONAL AGENTS	Androderm, Androgel, Striant, Testim, testosterone	
DRUG CLASS	MEDICATION WITH QUANTITY LIMITS	ADDITIONAL INFORMATION
ALLERGY/NASAL SPRAYS	cromolyn oral, mometasone	Your plan only covers this medication up to a certain amount over a certain number of days. Your plan will only cover larger amounts if your doctor requests and receives approval from Cigna.
ALZHEIMER'S DISEASE	Namenda XR, Namzaric	
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Marplan, Pristiq	
ASTHMA/COPD/RESPIRATORY	Perforomist	
BLOOD PRESSURE/HEART MEDICATIONS	Ranexa	
CANCER	Fareston, nilutamide	
EYE CONDITIONS	bimatoprost eye drops, Cystaran, Zioptan	
HORMONAL AGENTS	Alora, estradiol patch, Estring, Menostar, Minivelle, Vagifem, yuvafem	
MISCELLANEOUS	Nuedexta	
OSTEOPOROSIS PRODUCTS	alendronate	
PAIN RELIEF AND INFLAMMATORY DISEASE	Daliresp, Mitigare	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Fanapt	
SEIZURE DISORDERS	Gabitril, Potiga	
SKIN CONDITIONS	Denavir, Regranex, Santyl	
SLEEP DISORDERS/SEDATIVES	Hetlioz	
DRUG CLASS	STEP THERAPY MEDICATION**	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR	dextroamphetamine-amphetamine ER
	Focalin XR	dexmethylphenidate ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Orap	pimozide
SKIN CONDITIONS	Ala-Scalp	hydrocortisone
	Capex shampoo	fluocinolone
	Cordran	flurandrenolide
	Nucort, Texacort	hydrocortisone
SLEEP DISORDERS/SEDATIVES	Silenor	zolpidem, eszopiclone
DRUG CLASS	MEDICATION STRENGTH WITH LIMITATIONS^^ (Your plan doesn't cover 2 capsules/ tablets per day of this strength)	COVERED MEDICATION STRENGTH (Prescription must be for 1 capsule/ tablet per day of this strength)
ALLERGY/NASAL SPRAYS	desloratadine ODT 2.5mg	desloratadine ODT 5mg
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Fetzima ER 20mg	Fetzima ER 40mg
	Fetzima ER 40mg	Fetzima ER 80mg

DRUG CLASS	MEDICATION STRENGTH WITH LIMITATIONS^^ (Your plan doesn't cover 2 capsules/ tablets per day of this strength)	COVERED MEDICATION STRENGTH (Prescription must be for 1 capsule/ tablet per day of this strength)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)	Trintellix 5mg	Trintellix 10mg
	Trintellix 10mg	Trintellix 20mg
BLOOD PRESSURE/HEART MEDICATIONS	Azor 5-20mg	Azor 10-40mg
	Benicar 20mg	Benicar 40mg
	Benicar HCT 20-12.5mg	Benicar HCT 40-25mg
	Bystolic 10mg	Bystolic 20mg
	Tekturna 150mg	Tekturna 300mg
	Tekturna HCT 150-12.5mg	Tekturna HCT 300-25mg
CHOLESTEROL MEDICATIONS	Livalo 1mg	Livalo 2mg
	Livalo 2mg	Livalo 4mg
DIABETES	Farxiga 5mg	Farxiga 10mg
PAIN RELIEF AND INFLAMMATORY DISEASE	Uloric 40mg	Uloric 80mg
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Latuda 60mg	Latuda 120mg
SEIZURE DISORDERS	Aptiom 200mg	Aptiom 400mg
	Aptiom 400mg	Aptiom 800mg
	Fycompa 4mg	Fycompa 8mg
	Fycompa 6mg	Fycompa 12mg
	Trokendi XR 25mg	Trokendi XR 50mg
	Trokendi XR 100mg	Trokendi XR 200mg
SLEEP DISORDERS/SEDATIVES	Silenor 3mg	Silenor 6mg

** Step Therapy medications are not covered by your plan without approval from Cigna. In Step Therapy, you have to try lower-cost alternatives first before the higher-cost brand medication may be covered. Typically, you start by taking generics or lower-cost preferred brands.

^^ Your plan doesn't cover more than one tablet/capsule in this strength a day. If your doctor feels a higher strength of this medication once each day isn't right for you, he or she can ask Cigna to consider approving coverage of your current medication strength.

What you should do next

- **Talk with your doctor about how these changes may affect you.** Ask your doctor if a lower-cost alternative may be right for you. Switching to a generic or preferred brand may help you save money.
- **Log into myCigna.com to view your drug list.** Here, you can learn more about how your plan will cover your medications as of January 1st.



If you have questions

We know how important your pharmacy benefits are and we're here to help. Please call us at the toll-free number on the back of your Cigna ID card if you have any questions.



* In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Product availability may vary by location and plan type and is subject to change. 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 professional, 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 copayment, 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 or contact your Cigna sales representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.