

CHANGES TO YOUR DRUG LIST



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

To help control pharmacy costs and continue offering you access to quality, cost-effective medications, we're making changes to your plan's drug list. **Starting January 1, 2017,* some of the medications on the Standard Prescription Drug List will change coverage (or cost) levels.** These changes affect how much you pay for your medications.

Medications where you may pay more

Starting January 1, 2017, the medications listed below will be “non-preferred” on your plan's drug list. “Non-preferred” means this medication may cost you more than similar medications. If you continue to fill a prescription for any of these medications on or after January 1, 2017, you may pay more at the pharmacy. We've also listed some lower-cost generic and/or preferred brand medication choices to talk about with your doctor if you're currently taking any of these medications.

DRUG CLASS	NON-PREFERRED BRAND MEDICATION	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
CANCER	Gleevec	imatinib mesylate
CHOLESTEROL MEDICATIONS	Lescol XL	generic statins
MISCELLANEOUS	Zavesca	Cerdelga

Medications not covered on your drug list[^]

Starting January 1, 2017, the medications listed below will not be covered on your plan's drug list.[^] If you continue to fill a prescription for any of these medications on or after January 1, 2017, it won't be covered and you'll have to pay the full cost of the medication. We've included some lower-cost generic and/or preferred brand medication choices for you to talk about with your doctor if you're currently taking any of these medications.

DRUG CLASS	BRAND MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Beconase AQ, Dymista, Nasonex, Omnaris, QNASL, Veramyst, Zetonna	budesonide, flunisolide, fluticasone propionate, mometasone furoate, triamcinolone acetonide
	QNASL Children	fluticasone propionate, budesonide, triamcinolone acetonide
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL
	Ativan	lorazepam
	Pexeva	paroxetine

Together, all the way.[®]



DRUG CLASS	BRAND MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY	Aerospan, Alvesco, Arnuity Ellipta, Asmanex, Asmanex HFA, Flovent Diskus, Flovent HFA	QVAR, Pulmicort Flexhaler
	Dulera	Advair HFA, Advair Diskus, Breo Ellipta, Symbicort
	Incruse Ellipta, Tudorza Pressair	Spiriva, Spiriva Respimat
	Proventil HFA, Xopenex HFA	ProAir Respiclick, ProAir HFA, Ventolin HFA
	Veramyst	budesonide, flunisolide, mometasone furoate
BLOOD PRESSURE/HEART MEDICATIONS	Cardizem CD	cartia XT, diltiazem 24hr CD, diltiazem 24hr ER
DIABETES	Fortamet, metformin ER (generic to Glumetza)	metformin ER
	Jardiance, Synjardy	Invokamet, Invokana, Farxiga, Xigduo XR
	Tanzeum, Victoza	Trulicity, Bydureon, Byetta
GASTROINTESTINAL/HEARTBURN	Asacol HD, Colazal, Delzicol, Dipentum, Giazol	Apriso, balsalazide, Lialda, Pentasa
	Nexium	esomeprazole magnesium
	Zegerid	omeprazole-sodium bicarbonate, omeprazole, omeprazole+syrspend sf alka
HORMONAL AGENTS	Rayos	prednisone
	Saizen	Humatrope
INFECTIONS	Bethkis, Tobi	Kitabis Pak, tobramycin
	Sitavig	acyclovir
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	baclofen, carisoprodol, cyclobenzaprine, methocarbamol, tizanidine
	diclofenac 1.5% solution, klofensaid II, Pennsaid	diclofenac 1% gel, generic oral NSAIDs (diclofenac, ibuprofen, meloxicam, naproxen)
	Treximet	generic triptans (naratriptan, sumatriptan, zolmitriptan) plus a generic NSAID (ibuprofen, meloxicam, naproxen)
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify, Abilify ODT	aripiprazole
SKIN CONDITIONS	Absorica	claravis, myorisan, zenatane
	Benzaclin, Duac, Neuc kit	clindamycin-benzoyl peroxide, neuc gel
	Carac	fluorouracil
	Clindagel	clindamycin phosphate
	Jublia, Kerydin	cicloclan, ciclopirox, itraconazole, terbinafine
	Noritate	metronidazole, rosadan
	Zovirax	acyclovir
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Edluar, Intermezzo	zolpidem tartrate, zolpidem tartrate ER
URINARY TRACT CONDITIONS	Myrbetriq, Toviaz, VESIcare	darifenacin ER, oxybutynin chloride ER, tolterodine tartrate ER, trospium chloride ER

[^] These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

What you should do

If you're currently taking any of these brand name medications, ask your doctor which of the covered generic or preferred brand medications may be right for you.



If you have questions

Please call the number on the back of your Cigna ID card if you have any questions. Customer Service is available 24/7.

We're here to help.

*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.



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