

PATIENT ASSURANCE PROGRAM DRUG LIST



Pay less for the medications that help keep you healthy.

Cigna's Patient Assurance ProgramSM helps lower your out-of-pocket costs for certain medications, making it easier to stay on track. There's nothing to join and no cost to participate - it's part of your Cigna pharmacy benefit.

We help make it easy to save money and stay healthy.

Fill an eligible medication¹ and pay no more than \$25 for a 30-day supply, or no more than \$75 for a 90-day supply, out-of-pocket. Every time.

About this drug list.

This is a list of the medications that are part of the Patient Assurance Program as of July 1, 2021.^{2,3} Medications are listed by the condition they treat.

This drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.⁴

Not taking a medication on this list?

Call your doctor's office and ask if one of these medications will work for you. If your doctor agrees, ask the office to send a new prescription electronically to your pharmacy.



Save money. Stay healthy.

Pay no more than **\$25** out-of-pocket for a 30-day supply (or no more than **\$75** for a 90-day supply) every time you fill an eligible medication.¹

Together, all the way.[®]



Offered by Cigna Health and Life Insurance Company or its affiliates.

Patient Assurance Program Drug List

Diabetes

Farxiga
Glyxambi
Jardiance
Jentadueto
Jentadueto XR
Ozempic
Rybelsus
Synjardy
Synjardy XR
Tradjenta
Trijardy XR
Trulicity
Xigduo XR

Diabetes – Insulins

Basaglar
Humalog
Humalog Mix
Humulin
Insulin Lispro
Levemir
Lyumjev



1. Not all medications are eligible for the Patient Assurance Program. If you're considering switching to an eligible medication, log in to the myCigna App or website to see if your plan covers it. You can also call customer service using the number on your Cigna ID card.
2. 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.
3. 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.
4. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.

Cigna reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

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, 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, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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