

CIGNA Medicare Services®

Transitioning into your new CIGNA Medicare plan

CIGNA Medicare Services® wants to make sure that all individuals enrolled in our plans move smoothly into the 2012 plan year. With the plan changes that occur each year, some changes may affect what drugs are covered and how they are covered.

Below is some important information regarding your pharmacy plan changes for 2012:

Drug List (Formulary) Changes

For the 2012 plan year, some medications that are covered and their tier placement may have changed. The 2011 CIGNA Medicare Services drug lists (formularies) will continue to cover the most commonly used drugs for Medicare-eligible individuals. However, in some cases, medications that have either a direct generic equivalent or a therapeutic alternative on our drug list (formulary) may not be covered. Some medications may also be subject to step therapy, prior authorization, quantity limitations, or further clinical review. New and existing customers who are negatively affected by any drug list (formulary) changes in 2012 will be extended coverage on their medication through the CIGNA Medicare Services transitional benefit policy, which is described below.

New Customer One-Time Transition Supply

As a new customer in our plan, you may currently be taking drugs that are on our drug list (formulary) but your ability to get them may be limited. In this case, you need to talk with your doctor about appropriate alternative medications available on our drug list (formulary) that do not have such limitations. If there are no appropriate alternative medications on our drug list (formulary) without limitations, you or your doctor may request a drug list (formulary) exception. If the exception is approved, you will be able to continue taking that drug for a specified period of time. While you are talking with your doctor to determine what to do next, you may be eligible to receive an initial 31-day transition supply of the drug anytime during the first 90 days you are enrolled in our plan.

For each of your drugs that have a limitation, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day transitional supply, we may not continue to pay for these drugs under the transition policy.



If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are enrolled in our plan. If the drug you need is subject to a coverage review, and you are past the first 90 days in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a drug list (formulary) exception.

Continuing Customers from 2011

As a continuing customer in the plan, you should have received your Annual Notice of Change (ANOC) by September 30th. You may notice that, due to 2012 changes, a medication on the drug list (formulary) which you are currently taking has either a different copay or coinsurance, has limited coverage, or is subject to prior authorization, quantity limits or step therapy in the upcoming year.

In this case, you must work with your doctor to either find an appropriate alternative medication on our new drug list (formulary) or request a drug list (formulary) exception prior to January 1, 2012. If the exception request is approved, we will authorize payment prior to January 1st and provide coverage beginning January 1st.

If you do not receive approval for your drug list (formulary) exception request prior to January 1, 2012, you may be eligible to receive an initial 31-day transition supply while you continue to work with your doctor to find an appropriate alternative medication. If you are a resident of a long-term care facility, we will cover a temporary 34-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days of 2012.

Level of Care Changes

An extended transition process is provided in circumstances involving level of care changes in which an individual is changing from one medication to another. An override for the "refill too soon" code would be provided to allow appropriate coverage. Since there may be some time in which individuals with level of care changes have a temporary gap in coverage while going through the exception process, our transition policy would allow coverage of one fill with up to a 31-day supply of medication.

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