



STEP THERAPY

For the Standard Prescription Drug List

Prescription medications can cost a lot of money. At Cigna, we get that. That's why we've created a program that helps you save money and stay healthy. It's called Step Therapy.

What is Step Therapy?

Step Therapy is a prior authorization program. This means that certain medications in the Step Therapy program need approval by Cigna before they're covered under your plan.

In Step Therapy, you need to try the most cost-effective and appropriate medications available before more expensive brand name medications are approved for coverage. Typically, these are generics or lower-cost brands. Generic medications have the same strength and active ingredients as brand name medications – but often cost much less – in some cases, up to 80–85% less.*

The Cigna Step Therapy program includes medications used to treat the following common medical conditions:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › Heartburn/ulcer
- › High blood pressure
- › High cholesterol

- › Mental health
- › Osteoporosis
- › Pain (narcotic and non-narcotic pain relievers)
- › Skin conditions
- › Sleep disorders

How Step Therapy works

When you fill a prescription for a Step Therapy medication, we'll send you and your doctor a letter that lets you know the steps you need to take before you refill your medication. This may include trying a generic or lower-cost alternative, or asking Cigna to approve coverage of your medication. At any time, if your doctor believes an alternative medication isn't right for you due to medical reasons, he or she can request prior authorization for continued coverage of a Step Therapy medication.

Are you taking a Step Therapy medication?

Go to **Cigna.com/druglist** to look up your medication. If there's a (ST) listed next to your medication, then it's part of the Step Therapy program. Once you're enrolled with Cigna, you can log into **myCigna.com** to view a list of prescription medications covered under your specific plan.

Together, all the way.®



* U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Retrieved 06/19/15.

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 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. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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