2020 NEGATIVE FORMULARY CHANGE NOTICE

Effective date of change: 02/01/2020

<table>
<thead>
<tr>
<th>Drug name (medication)</th>
<th>Drug List (formulary) Change</th>
<th>Reason for change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travatan Z 0.004% solution</td>
<td>Removed from formulary</td>
<td>Generic available</td>
<td>Generic travoprost available on formulary</td>
</tr>
</tbody>
</table>

A negative formulary change is defined as any of the following changes:

1) removal of a drug from a formulary
2) increasing the cost-sharing status of a drug on the formulary subsequent to a change in tier
3) adding or making more restrictive utilization management requirements on a drug, including
   a. prior authorization requirements
   b. quantity limits
   c. step therapy requirements

Please note the following information regarding negative changes:

1) New generics. Cigna Medicare may immediately remove a brand name drug on our drug list if we are replacing it with a new generic drug that will appear on the same or lower costs-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

2) Drugs removed from the market. If the Food and Drug Administration (FDA) deems a drug on our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.

3) Other changes. We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer will receive a 30-day supply of the drug.
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