

PRESCRIPTION DRUG LIST CHANGES



Cigna Pharmacy Management®

2019

To help make sure you have access to coverage for safe, clinically effective and low-cost medications, we regularly review and update the Cigna Prescription Drug List. **You can see a list of these changes below.** Changes are listed by drug list name, the date they begin and by the type of change that's taking place. Medications are listed alphabetically by drug class.

If you're taking a medication that's changing coverage, please call your doctor's office to talk about your options. Only you and your doctor can decide what's best for your treatment.

If you have Cigna pharmacy benefits, you can also log in to the **myCigna®** app or website to find out how these changes may affect your specific plan.

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST

| Start date of change ¹ | Drug class | Medications moving to generic |
|-----------------------------------|--------------------------------------|---------------------------------------|
| October 1, 2019 | GASTROINTESTINAL/HEARTBURN | mesalamine 800mg DR |
| Start date of change ¹ | Drug class | Medications moving to preferred brand |
| October 1, 2019 | CANCER | Erivedge |
| | GASTROINTESTINAL/HEARTBURN | Trulance |
| | MULTIPLE SCLEROSIS | Mayzent |
| | SEIZURE DISORDERS | Fycompa |
| April 1, 2019 | DIABETES | Dexcom G6 |
| | | Freestyle Libre |
| | INFECTIONS | ledipasvir-sofosbuvir |
| March 1, 2019 | SKIN CONDITIONS | ZTLido 1.8% Patch |
| February 1, 2019 | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbuca |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | ProAir HFA AG |
| | | Ventolin HFA AG |
| January 1, 2019 | AIDS/HIV | Atripla |
| | | Biktarvy |
| | | Descovy |
| | | Genvoya |
| | | Intence |
| | | Tivicay |
| | | Triumeq |
| | | Viread |
| | | GASTROINTESTINAL/HEARTBURN |
| | Linzess | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

Together, all the way.®



STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
|-----------------------------------|--|---|---|
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | INFECTIONS | Macrochantin 25mg | nitrofurantoin |
| | NUTRITIONAL/DIETARY | Vitatrue | generic prenatal vitamin |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Indocin 25/5 Susp | generic NSAID (e.g. indomethacin capsules) |
| | TRANSPLANT MEDICATIONS | Prograf 0.5mg Prograf 5mg | tacrolimus 0.5mg tacrolimus 5mg |
| May 1, 2019 | EYE CONDITIONS | Inveltys Ophth Susp 1% | Lotemax 0.5% ophthalmic gel or drops, ophthalmic dexamethasone, fluorometholone, prednisolone |
| | SCHIZOPHRENIA/ANIT-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SKIN CONDITIONS | Bryhali lotion 0.01% | topical halobetasol, clobetasol |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Odactra | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | amantadine IR |
| January 1, 2019 | CONTRACEPTION PRODUCTS | Beyaz ⁺⁺ | drospirenone-ethinyl estradiol/levomefolate, Rajani |
| | DIURETICS | Edecrin ⁺⁺ | bumetanide, furosemide, torsemide |
| | NUTRITIONAL/DIETARY | K-Tab ER ⁺⁺ | Klor-Con, potassium chloride |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Colcrys ⁺ | colchicine |
| | TRANSPLANT MEDICATIONS | Neoral ⁺ | cyclosporine modified ⁺ , Gengraf ⁺ |
| | | Prograf 1mg capsule ⁺ | tacrolimus ⁺ |
| Rapamune 0.5, 1, 2mg tablets | | sirolimus ⁺ | |
| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
| July 1, 2019 | GASTROINTESTINAL/HEARTBURN | Sucraid ^{##} | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | HORMONAL AGENTS | Budesonide ER Synarel | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Oralair | |
| | | Ragwitek | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Symdeko | |
| | INFECTIONS | sofosbuvir-velpatasvir | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Abstral ^{^^^} | |
| | | Actiq ^{^^^} | |
| | | Fentanyl ^{^^^} | |
| | | Fentora ^{^^^} | |
| | | Lazanda ^{^^^} | |
| Subsys ^{^^^} | | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
|---------------------------------------|--|---|---|
| January 1, 2019 | SEIZURE DISORDERS | Aptiom ^{^^} | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | | Banzel ^{^^} | |
| | | Briviact tablet, solution ^{^^} | |
| | | Fycompa ^{^^} | |
| | | Oxtellar XR ^{^^} | |
| | | Spritam ^{^^} | |
| Vimpat tablet, solution ^{^^} | | | |
| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | HORMONAL AGENTS | budesonide ER | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | | Uceris foam | |
| | | Uceris tablet | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbuca | |
| | | Butorphanol | |
| | | Butrans | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| | | Tramadol | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Oralair | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Kalydeco | |
| | | Orkambi | |
| | DIABETES | Adlyxin | |
| | | Byetta | |
| | GASTROINTESTINAL/HEARTBURN | Dexilant DR 30mg capsule ^{^^^^} | |
| | | esomeprazole DR cap ^{^^^^} | |
| | | Nexium DR packet ^{^^^^} | |
| | INFECTIONS | Dificid | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications with an age requirement [^] | Additional information |
|-----------------------------------|--|--|---|
| January 1, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adzenys ER ^{^^^^} | Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | | Adzenys XR-ODT ^{^^^^} | |
| | | Daytrana ^{^^^^} | |
| | | Dyanavel XR ^{^^^^} | |
| | | Quillichew ER ^{^^^^} | |
| | | Quillivant XR ^{^^^^} | |
| | | Vyvanse chewable ^{^^^^} | |
| Start date of change ¹ | Drug class | Medications being added to the Step Therapy Program ^{^, ***} | Generic and/or preferred brand alternatives |
| May 1, 2019 | SKIN CONDITIONS | Bryhali Lotion 0.01% | topical halobetasol, clobetasol |
| January 1, 2019 | ERECTILE DYSFUNCTION | Cialis 2.5, 10, 20mg | tadalafil, sildenafil |
| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | ALLERGY/NASAL SPRAYS | Carbinoxamine 6mg (Ryvent) | carbinoxamine 4mg |
| | COUGH/COLD MEDICATIONS | Benzonatate 150mg | benzonatate 100mg, benzonatate 200mg |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Allzital | butalbital/acetaminophen tablets, butalbital/apap/caffeine capsules and tablets |
| | | Chloroxazone 250 mg | metaxalone 400 mg, methocarbamol 500 mg |
| | | Fenortho | generic NSAID (e.g. indomethacin capsules) |
| | | Indocin 25/5 Susp | generic NSAID (e.g. indomethacin capsules) |
| | Onzetra Xsail | generic triptans (e.g. nasal sumatriptan; naratriptan tablet) | |
| SLEEP DISORDERS/SEDATIVES | Zolpimist | zolpidem, zolpidem er, eszopiclone, zaleplon, Belsomra, Silenor | |
| May 1, 2019 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SEIZURE DISORDERS | Sympazan oral films | clobazam tablets/suspension |
| January 1, 2019 | AIDS/HIV | Crixivan ^{*****} | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Norvir 100mg tab | ritonavir 100mg tab |
| | | Reyataz capsule | atazanavir capsule |
| | Viracept ^{*****} | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. | |
| | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adderall XR ^{**} , Aptensio XR ^{**} , Concerta ^{**} , Focalin XR ^{**} , Ritalin LA ^{**} | dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA, Vyvanse |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives | |
|-----------------------------------|-----------------------------------|---|---|---|
| January 1, 2019 | CHOLESTEROL MEDICATIONS | Livalo** | atorvastatin, fluvastatin ER, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin | |
| | | Praluent** | Repatha | |
| | SEIZURE DISORDERS | Kepra*** | levetiracetam | |
| | | Kepra XR*** | levetiracetam ER | |
| | | Lamictal***, Lamictal (blue, green, orange)*** | lamotrigine | |
| | | Lamictal ODT***, Lamictal ODT (blue, green, orange)*** | lamotrigine ODT | |
| | | Lamictal XR****, Lamictal XR (blue, green, orange)**** | lamotrigine ER | |
| | | Qudexy XR***, Trokendi XR*** | topiramate ER | |
| | | Sabril*** | vigabatrin | |
| | | Topamax*** | topiramate | |
| | | Trileptal*** | oxcarbazepine | |
| | SKIN CONDITIONS | Acanya, Aczone, Aktipak, Atralin, Avita, Azelex, Differin, Epiduo, Epiduo Forte, Fabior, Onexton, Retin-A, Retin-A Micro, Tazorac, Tretin-X, Veltin | adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone | |
| | | acyclovir ointment, Denavir | acyclovir tablet, famciclovir tablet, valacyclovir tablet | |
| | | doxepin 5% cream | Ala-Cort, alclometasone, amcinonide, Apexicon E, betamethasone, clobetasol, clocortolone, Clodan, desonide | |
| | | Exelderm | econazole, ketoconazole, oxiconazole | |
| | Start date of change ¹ | Drug class | Excluded medications | Additional information |
| | January 1, 2019 | VITAMIN D SUPPLEMENTS | Baby Ddrops | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |
| | | | Baby Vitamin D3 | |
| | | | Bio-D-Mulsion | |
| Bio-D-Mulsion Forte | | | | |
| Children's Vitamin D3 | | | | |
| D3-2000 | | | | |
| Ddrops | | | | |
| Decara | | | | |
| Delta D3 | | | | |
| Dialyvite Vitamin D | | | | |
| Dialyvite Vitamin D3 Max | | | | |
| D-Vi-Sol | | | | |
| Just D | | | | |

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STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Excluded medications | Additional information |
|-----------------------------------|------------------------------|----------------------|---|
| January 1, 2019 | VITAMIN D SUPPLEMENTS (cont) | Kids Vitamin D3 | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |
| | | Maximum D3 | |
| | | Pedia D-Vite | |
| | | Replesta | |
| | | Replesta NX | |
| | | Super Daily D3 | |
| | | Thera-D | |
| | | Vitajoy Daily D | |
| | | Vitamin D | |
| | | Vitamin D3 | |
| | | Vitamin D-400 | |

VALUE PRESCRIPTION DRUG LIST

| Start date of change ¹ | Drug class | Medications moving to generic |
|-----------------------------------|--------------------------------------|---------------------------------------|
| October 1, 2019 | GASTROINTESTINAL/HEARTBURN | mesalamine 800mg DR |
| Start date of change ¹ | Drug class | Medications moving to preferred brand |
| October 1, 2019 | CANCER | Erivedge |
| | CONTRACEPTIVE PRODUCTS | Nuvaring |
| | GASTROINTESTINAL/HEARTBURN | Trulance |
| | INFECTIONS | Firvanq |
| | MULTIPLE SCLEROSIS | Mayzent |
| | SEIZURE DISORDERS | Fycompa |
| May 15, 2019 | DIABETES | Humalog AG |
| April 1, 2019 | DIABETES | Dexcom G6 |
| | | Freestyle Libre |
| | INFECTIONS | ledipasvir-sofosbuvir |
| March 1, 2019 | SKIN CONDITIONS | ZTLido 1.8% Patch |
| February 1, 2019 | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbuca |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | ProAir HFA AG |
| January 1, 2019 | AIDS/HIV | Aptivus |
| | | Biktarvy |
| | | Descovy |
| | | Genvoya |
| | | Tivicay |
| | | Triumeq |
| | | Truvada |
| | | Viread |
| | | GASTROINTESTINAL/HEARTBURN |
| | | Linzess |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

VALUE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
|-----------------------------------|--|---|---|
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | INFECTIONS | Macrochantin 25mg | nitrofurantoin |
| | NUTRITIONAL/DIETARY | Vitatrue | generic prenatal vitamin |
| | TRANSPLANT MEDICATIONS | Prograf 0.5mg | tacrolimus 0.5mg |
| Prograf 5mg | | tacrolimus 5mg | |
| May 1, 2019 | EYE CONDITIONS | Inveltys Ophth Susp 1% | ophthalmic dexamthason, fluorometholone, prednisolone |
| | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SKIN CONDITIONS | Bryhali Lotion 0.01% | topical halobetasol, clobetasol |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Odactra | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | amantadine IR |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | Ventolin HFA AG | ProAir HFA AG |
| January 1, 2019 | CONTRACEPTION PRODUCTS | Beyaz ⁺⁺ | drospirenone-ethinyl estradiol/levomefolate, Rajani |
| | TRANSPLANT MEDICATIONS | Prograf 1mg capsule ⁺ | tacrolimus ⁺ |
| | | Rapamune 1, 2mg tablet ⁺ | sirolimus ⁺ |
| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
| July 1, 2019 | GASTROINTESTINAL/HEARTBURN | Sucraid ^{##} | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | HORMONAL AGENTS | budesonide ER | |
| Synarel | | | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Oralair | |
| | | Ragwitek | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Symdeko | |
| | INFECTIONS | sofosbuvir-velpatasvir | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Abstral ^{^^^} | |
| | | Actiq ^{^^^} | |
| | | Fentanyl ^{^^^} | |
| | | Fentora ^{^^^} | |
| | | Lazanda ^{^^^} | |
| Subsys ^{^^^} | | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

VALUE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information | |
|-----------------------------------|--|---|---|---|
| January 1, 2019 | SEIZURE DISORDERS | Aptiom ^{^^} Banzel ^{^^} Briviact ^{^^} Fycompa ^{^^} Oxtellar XR ^{^^} Spritam ^{^^} Vimpat ^{^^} | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. | |
| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information | |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse | |
| July 1, 2019 | HORMONAL AGENTS | budesonide ER Uceris foam Uceris tablet | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca Butorphanol Butrans Conzip Tramadol | | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek Odactra Oralair Ragwitek | | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Kalydeco Orkambi | | |
| | DIABETES | Byetta | | |
| | INFECTIONS | Difcid | | |
| Start date of change ¹ | Drug class | Medications with an age requirement [^] | | Additional information |
| January 1, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Daytrana ^{^^^^} Quillivant XR ^{^^^^} | | Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| Start date of change ¹ | Drug class | Medications being added to the Step Therapy Program ^{^,+++} | Generic and/or preferred brand alternatives | |
| May 1, 2019 | SKIN CONDITIONS | Bryhali Lotion 0.01% | topical halobetasol, clobetasol | |
| January 1, 2019 | ERECTILE DYSFUNCTION | Cialis 2.5, 10, 20mg | tadalafil, sildenafil | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

VALUE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives | |
|--|--|---|--|---|
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse | |
| July 1, 2019 | ALLERGY/NASAL SPRAYS | Carbinoxamine 6mg (Ryvent) | carbinoxamine 4mg | |
| | COUGH/COLD MEDICATIONS | Benzonatate 150mg | benzonatate 100mg, benzonatate 200mg | |
| | | PAIN RELIEF AND INFLAMMATORY DISEASE | Allzital | butalbital/acetaminophen tablets, butalbital/apap/caffeine capsules and tablets |
| | | | Chloroxazone 250 mg | metaxalone 400 mg, methocarbamol 500 mg |
| | | | Fenortho | generic NSAID (e.g. indomethacin capsules) |
| | | | Indocin 25/5 Susp | generic NSAID (e.g. indomethacin capsules) |
| | Onzetra Xsail | generic triptans (e.g. nasal sumatriptan; naratriptan tablet) | | |
| SLEEP DISORDERS/SEDATIVES | Zolpimist | zolpidem, zolpidem ER, eszopiclone, zaleplon, Belsomra, Silenor | | |
| May 1, 2019 | SCHIZOPHRENIA/ANTI-PSYCHOTIC | Abilify Mycite | aripiprazole | |
| | SEIZURE DISORDERS | Sympazan oral films | clobazam tablets/suspension | |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | Ventolin HFA AG | ProAir HFA AG | |
| January 1, 2019 | AIDS/HIV | Crixivan***** | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. | |
| | | Norvir 100mg tablet | ritonavir 100mg tablet | |
| | | Reyataz capsule | atazanavir capsule | |
| | | Viracept***** | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. | |
| | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adderall XR**, Adzenys ER**, Adzenys XR-ODT**, Aptensio XR **, Concerta**, Dyanavel XR**, Focalin XR**, Quillichew ER**, Ritalin LA** | dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA | |
| | CHOLESTEROL MEDICATIONS | Praluent** | Repatha | |
| | SEIZURE DISORDERS | Kepra*** | levetiracetam | |
| | | Kepra XR*** | levetiracetam ER | |
| | | Lamictal***, Lamictal (blue, green, orange)*** | lamotrigine | |
| | | Lamictal ODT***, Lamictal ODT (blue, green, orange)*** | lamotrigine ODT | |
| Lamictal XR****, Lamictal XR (blue, green, orange)**** | | lamotrigine ER | | |
| Qudexy XR***, Trokendi XR*** | | topiramate ER | | |
| Sabril*** | | vigabatrin | | |
| Topamax*** | | topiramate | | |
| Trileptal*** | oxcarbazepine | | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

VALUE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
|-----------------------------------|-----------------------|--------------------------------|---|
| January 1, 2019 | SKIN CONDITIONS | acyclovir 5% ointment, Denavir | acyclovir tablet, famciclovir, valacyclovir |
| | | Aczone, Aktipak | adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone |
| | | doxepin 5% cream | Ala-Cort, alclometasone, amcinonide, ApexiCon E, betamethasone, clobetasol, clocortolone, Clodan shampoo, desonide, desoximetasone |
| | | Exelderm | econazole, ketoconazole, oxiconazole |
| Start date of change ¹ | Drug class | Excluded medications | Additional information |
| January 1, 2019 | VITAMIN D SUPPLEMENTS | Baby Ddrops | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |
| | | Baby Vitamin D3 | |
| | | Bio-D-Mulsion | |
| | | Bio-D-Mulsion Forte | |
| | | Children's Vitamin D3 | |
| | | D3-2000 | |
| | | Ddrops | |
| | | Decara | |
| | | Delta D3 | |
| | | Dialyvite Vitamin D | |
| | | Dialyvite Vitamin D3 Max | |
| | | D-Vi-Sol | |
| | | Just D | |
| | | Kids Vitamin D3 | |
| | | Maximum D3 | |
| | | Pedia D-Vite | |
| | | Replesta | |
| | | Replesta NX | |
| | | Super Daily D3 | |
| | | Thera-D | |
| Vitajoy Daily D | | | |
| Vitamin D | | | |
| Vitamin D3 | | | |
| Vitamin D-400 | | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (STANDARD) PRESCRIPTION DRUG LIST

| Start date of change ¹ | Drug class | Medications moving to generic | |
|-----------------------------------|--|---|--|
| October 1, 2019 | GASTROINTESTINAL/HEARTBURN | mesalamine 800mg DR | |
| Start date of change ¹ | Drug class | Medications moving to preferred brand | |
| October 1, 2019 | CANCER | Erivedge | |
| | GASTROINTESTINAL/HEARTBURN | Trulance | |
| | INFECTIONS | Firvanq | |
| | MULTIPLE SCLEROSIS | Mayzent | |
| | SEIZURE DISORDERS | Fycompa | |
| May 15, 2019 | DIABETES | Humalog AG | |
| April 1, 2019 | DIABETES | Dexcom G6 | |
| | | Freestyle Libre | |
| | INFECTIONS | ledipasvir-sofosbuvir | |
| March 1, 2019 | SKIN CONDITIONS | ZTLido 1.8% Patch | |
| February 1, 2019 | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca | |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | ProAir HFA AG | |
| | | Ventolin HFA AG | |
| January 1, 2019 | AIDS/HIV | Atripla | |
| | | Biktarvy | |
| | | Descovy | |
| | | Genvoya | |
| | | Intelligence | |
| | | Tivicay | |
| | | Triumeq | |
| | | Viread | |
| | | GASTROINTESTINAL/HEARTBURN | Amitiza |
| | | | Linzess |
| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | INFECTIONS | Macrochantin 25mg | nitrofurantoin |
| | NUTRITIONAL/DIETARY | Vitatrue | generic prenatal vitamin |
| | TRANSPLANT MEDICATIONS | Prograf 0.5mg | tacrolimus 0.5mg |
| Prograf 5mg | | tacrolimus 5mg | |
| May 1, 2019 | EYE CONDITIONS | Inveltys opht susp 1% | Lotemax 0.5% opht gel or drops, ophthalmic dexamethasone, fluorometholone, prednisolone |
| | | | aripiprazole |
| | | | clobazam tablets/suspension |
| | | | topical halobetasol, clobetasol |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Odactra | |
| | | Ragwitek | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
|-----------------------------------|--|---|---|
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | amantadine IR |
| January 1, 2019 | AIDS/HIV | Rescriptor ⁺ | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Videx ⁺ | |
| | | Videx EC 125mg ⁺ | didanosine DR |
| | CHOLESTEROL MEDICATIONS | Praluent ^{+,**} | Repatha ⁺ |
| | CONTRACEPTION PRODUCTS | Beyaz ⁺⁺ | drospirenone-ethinyl estradiol/levomefolate, Rajani |
| | DIURETICS | Edecrin ⁺⁺ | bumetanide, ethacrynic acid, furosemide, torsemide |
| | NUTRITIONAL/DIETARY | K-Tab ER ⁺⁺ | Klor-Con, potassium chloride |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Indocin | diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, Fenortho, flurbiprofen, ibuprofen, indomethacin, indomethacin ER, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam |
| | SKIN CONDITIONS | Denavir | acyclovir tablet, famciclovir, valacyclovir |
| | | Exelderm | econazole, ketoconazole, oxiconazole |
| Oxistat | | ketoconazole, oxiconazole | |
| TRANSPLANT MEDICATIONS | Neoral 100mg capsule ⁺ | cyclosporine modified ⁺ , Gengraf ⁺ | |
| | Prograf 1mg capsule ⁺ | tacrolimus ⁺ | |
| | Rapamune tablet ⁺ | sirolimus ⁺ | |
| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| July 1, 2019 | ALLERGY/NASAL SPRAYS | carbinoxamine (Ryvent) | |
| | COUGH/COLD MEDICATIONS | benzonatate 150mg | |
| | GASTROINTESTINAL/HEARTBURN | Sucraid ^{##} | |
| | HORMONAL AGENTS | budesonide ER | |
| | | Orlissa | |
| | | Synarel | |
| | | Uceris foam ^{##} | |
| | | Uceris tablet ^{##} | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Allzital | |
| | | chlorzoxazone 250mg | |
| Fenortho | | | |
| Indocin 25/5 Susp [#] | | | |
| Onzetra Xsail | | | |
| SLEEP DISORDER/SEDATIVES | Zolpimist | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications that need approval (prior authorization)^ | Additional information | |
|--------------------------------------|--------------------------------------|---|---|---|
| May 1, 2019 | HORMONAL AGENTS | Orlissa | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. | |
| | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | | |
| | | Aripiprazole | | |
| SEIZURE DISORDERS | Sympazan oral films | | | |
| | clobazam tablets/suspension | | | |
| | ALLERGY/NASAL SPRAYS | Grastek | | |
| | | Odactra | | |
| Oralair | | | | |
| Ragwitek | | | | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Symdeko | | |
| | INFECTIONS | Baxdela | | |
| | | sofosbuvir-velpatasvir | | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Abstral ^{^^^} | | |
| | | Actiq ^{^^^} | | |
| | | Fentanyl ^{^^^} | | |
| | | Fentora ^{^^^} | | |
| | | Lazanda ^{^^^} | | |
| | | Subsys ^{^^^} | | |
| | SEIZURE DISORDERS | Aptiom ^{^^} | | |
| | | Banzel ^{^^} | | |
| | | Briviact ^{^^} | | |
| | | Fycompa ^{^^} | | |
| | | Oxtellar XR ^{^^} | | |
| | | Spritam ^{^^} | | |
| | | Vimpat ^{^^} | | |
| | Start date of change ¹ | Drug class | Medications with a quantity limit^ | Additional information |
| | November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | July 1, 2019 | HORMONAL AGENTS | Budesonide ER | |
| Uceris foam | | | | |
| Uceris tablet | | | | |
| PAIN RELIEF AND INFLAMMATORY DISEASE | | Belbucca | | |
| | | Butorphanol | | |
| | | Butrans | | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | | |
| | | Oralair | | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | | |
| | | Odactra | | |
| | | Oralair | | |
| | | Ragwitek | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
|-----------------------------------|--|--|---|
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Kalydeco | |
| | | Orkambi | |
| | DIABETES | Adlyxin | |
| | | Byetta | |
| | GASTROINTESTINAL/HEARTBURN | Dexilant DR capsule ^{^^^^} | |
| | | esomeprazole DR cap ^{^^^^} | |
| | | Nexium DR packet ^{^^^^} | |
| | | Prevacid 15mg SoluTab ^{^^^^} | |
| | INFECTIONS | Difcid | |
| | SKIN CONDITIONS | acyclovir 5% ointment | |
| | | doxepin 5% cream | |
| | | Prudoxin | |
| Xerese | | | |
| Zonalon | | | |
| Zovirax cream, ointment | | | |
| Start date of change ¹ | Drug class | Medications with an age requirement [^] | Additional information |
| January 1, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adzenys ER ^{^^^^^} Adzenys XR-ODT ^{^^^^^} Cotempla XR-ODT ^{^^^^^} Daytrana ^{^^^^^} Dyanavel XR ^{^^^^^} Quillichew ER ^{^^^^^} Quillivant XR ^{^^^^^} Vyvanse chewable tablets ^{^^^^^} | Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| Start date of change ¹ | Drug class | Medications being added to the Step Therapy Program ^{^, +, +, +} | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| May 1, 2019 | SKIN CONDITIONS | Bryhali lotion 0.01% | topical halobetasol, clobetasol |
| January 1, 2019 | ERECTILE DYSFUNCTION | Cialis 2.5, 10, 20mg | tadalafil, sildenafil |
| Start date of change ¹ | Drug class | Excluded medications | Additional information |
| January 1, 2019 | VITAMIN D SUPPLEMENTS | Baby Ddrops Baby Vitamin D3 Bio-D-Mulsion Bio-D-Mulsion Forte Children's Vitamin D3 D3-2000 Ddrops Decara | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Excluded medications | Additional information |
|-----------------------------------|------------------------------|---|---|
| January 1, 2019 | VITAMIN D SUPPLEMENTS (cont) | Delta D3 Dialyvite Vitamin D Dialyvite Vitamin D3 Max D-Vi-Sol Just D Kids Vitamin D3 Maximum D3 Pedia D-Vite Replesta Replesta NX Super Daily D3 Thera-D Vitajoy Daily D Vitamin D Vitamin D3 Vitamin D-400 | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |

PERFORMANCE PRESCRIPTION DRUG LIST

| Start date of change ¹ | Drug class | Medications moving to generic |
|-----------------------------------|--------------------------------------|---|
| October 1, 2019 | GASTROINTESTINAL/HEARTBURN | mesalamine 800mg DR |
| Start date of change ¹ | Drug class | Medications moving to preferred brand |
| October 1, 2019 | CANCER | Erivedge |
| | GASTROINTESTINAL/HEARTBURN | Trulance |
| | INFECTIONS | Firvanq |
| | MULTIPLE SCLEROSIS | Mayzent |
| | SEIZURE DISORDERS | Fycompa |
| April 1, 2019 | DIABETES | Dexcom G6 Freestyle Libre |
| | INFECTIONS | ledipasvir-sofosbuvir |
| March 1, 2019 | SKIN CONDITIONS | ZTLido 1.8% Patch |
| February 1, 2019 | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | ProAir HFA AG VentolinHFA AG |
| January 1, 2019 | AIDS/HIV | Atripla Biktarvy Descovy Genvoya Intelligence Tivicay Triumeq Viread |
| | GASTROINTESTINAL/HEARTBURN | Amitiza Linzess |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
|-----------------------------------|--|---|---|
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | INFECTIONS | Macrochantin 25mg | nitrofurantoin |
| | NUTRITIONAL/DIETARY | Vitatrue | generic prenatal vitamin |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Indocin 25/5 Susp | generic NSAID (e.g. indomethacin capsules) |
| | TRANSPLANT MEDICATIONS | Prograf 0.5mg Prograf 5mg | tacrolimus 0.5mg tacrolimus 5mg |
| May 1, 2019 | EYE CONDITIONS | Inveltys ophd susp 1% | LOTEMAX 0.5% ophd gel or drops, ophthalmic dexamthasone, fluorometholone, prednisolone |
| | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SKIN CONDITIONS | Brahali lotion 0.01% | topical halobetasol, clobetasol |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Odactra | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | amantadine IR |
| January 1, 2019 | CONTRACEPTION PRODUCTS | Beyaz ⁺⁺ | drospirenone-ethinyl estradiol/levomefolate, Rajani |
| | DIURETICS | Edecrin ⁺⁺ | bumetanide, furosemide, torsemide |
| | NUTRITIONAL/DIETARY | K-Tab ER 20 mEq ⁺⁺ | Klor-Con, potassium chloride |
| | TRANSPLANT MEDICATIONS | Neoral 100mg capsule ⁺ | cyclosporine modified ⁺ , Gengraf ⁺ |
| | | Prograf 1mg capsule ⁺ Rapamune 0.5, 1, 2mg tablets ⁺ | tacrolimus ⁺ sirolimus ⁺ |
| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
| July 1, 2019 | GASTROINTESTINAL/HEARTBURN | Sucraid ^{##} | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | HORMONAL AGENTS | budesonide ER | |
| | | Synarel | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Orlair | |
| | | Ragwitek | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Symdeko | |
| | BLOOD MODIFIERS/BLEEDING DISORDERS | Ceprotin | |
| | | Coagadex Profilnine 1500 unit vial | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
|-----------------------------------|--|---|---|
| January 1, 2019 | CANCER | Arzerra 100mg/5ml vial | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | | docetaxel 200mg/10ml vial | |
| | | Evomela | |
| | | Lartruvo | |
| | | Metastron | |
| | | Quadramet | |
| | | Zevalin | |
| | HORMONAL AGENTS | Zilretta | |
| | INFECTIONS | Sofosbuvir-Velpatasvir | |
| | MISCELLANEOUS | BAL in Oil | |
| | | calcium disodium versenate | |
| | | Vizamyl | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Abstral ^{^^^} | |
| | | Actiq ^{^^^} | |
| | | Fentanyl ^{^^^} | |
| | | Fentora ^{^^^} | |
| | | Hyalgan vial | |
| | | Lazanda ^{^^^} | |
| | | Subsys ^{^^^} | |
| | SEIZURE DISORDERS | Aptiom ^{^^} | |
| | | Banzel ^{^^} | |
| Briviact ^{^^} | | | |
| Fycompa ^{^^} | | | |
| Oxtellar XR ^{^^} | | | |
| Spritam ^{^^} | | | |
| Vimpat ^{^^} | | | |
| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| July 1, 2019 | HORMONAL AGENTS | budesonide ER | |
| | | Uceris foam | |
| | | Uceris tablet | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbuca | |
| | | Butorphanol | |
| | | Butrans | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| | | Grastek | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Odactra | |
| | | Orlair | |
| | | Ragwitek | |
| | | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
|-----------------------------------|--|---|---|
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Kalydeco | |
| | | Orkambi | |
| | DIABETES | Adlyxin | |
| | Byetta | | |
| GASTROINTESTINAL/HEARTBURN | Dexilant DR capsule ^{^^^^} | | |
| | esomeprazole DR cap ^{^^^^} | | |
| | Nexium DR packet ^{^^^^} | | |
| INFECTIONS | Difcid | | |
| Start date of change ¹ | Drug class | Medications with an age requirement [^] | Additional information |
| January 1, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adzenys ER ^{^^^^} | Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | | Adzenys XR-ODT ^{^^^^} | |
| | | Daytrana ^{^^^^} | |
| | | Dyanavel XR ^{^^^^} | |
| | | Quillichew ER ^{^^^^} | |
| | | Quillivant XR ^{^^^^} | |
| Vyvanse chewable ^{^^^^} | | | |
| Start date of change ¹ | Drug class | Medications being added to the Step Therapy Program ^{^, +, ++} | Generic and/or preferred brand alternatives |
| May 1, 2019 | SKIN CONDITIONS | Bryhali lotion 0.01% | topical halobetasol, clobetasol |
| January 1, 2019 | ERECTILE DYSFUNCTION | Cialis 2.5, 10, 20mg | tadalafil, sildenafil |
| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | ALLERGY/NASAL SPRAYS | Carbinoxamine 6mg (Ryvent) | carbinoxamine 4mg |
| | COUGH/COLD MEDICATIONS | Benzonatate 150mg | benzonatate 100mg, benzonatate 200mg |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Allzital | butalbital/acetaminophen tablets, butalbital/apap/caffeine capsules and tablets |
| | | Chloroxazone 250 mg | metaxalone 400 mg, methocarbamol 500 mg |
| | | Fenortho | generic NSAID (e.g. indomethacin capsules) |
| | | Indocin 25/5 Susp | generic NSAID (e.g. indomethacin capsules) |
| | Onzetra Xsail | generic triptans (e.g. nasal sumatriptan; naratriptan tablet) | |
| SLEEP DISORDERS/SEDATIVES | Zolpimist | zolpidem, zolpidem ER, eszopiclone, zaleplon, Belsomra, Sileno | |
| May 1, 2019 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SEIZURE DISORDERS | Sympazan oral films | clobazam tablets/suspension |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
|-----------------------------------|---|---|---|
| January 1, 2019 | AIDS/HIV | Crixivan***** | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Norvir 100mg tablet | ritonavir 100mg tablet |
| | | Reyataz capsule | atazanavir capsule |
| | | Viracept***** | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adderall XR**, Aptensio XR**, Concerta**, Focalin XR**, Ritalin LA** | dexamethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA, Vyvanse |
| | CHOLESTEROL MEDICATIONS | Livalo** | atorvastatin, fluvastatin ER, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin |
| | | Praluent** | Repatha |
| | SEIZURE DISORDERS | Kepra*** | levetiracetam |
| | | Kepra XR*** | levetiracetam ER |
| | | Lamictal***, Lamictal (blue, green, orange)*** | lamotrigine |
| | | Lamictal ODT***, Lamictal ODT (blue, green, orange)*** | lamotrigine ODT |
| | | Lamictal XR****, Lamictal XR (blue, green, orange)**** | lamotrigine ER |
| Qudexy XR***, Trokendi XR*** | | topiramate ER | |
| Sabril*** | | vigabatrin | |
| Topamax*** | | topiramate | |
| Trileptal*** | | oxcarbazepine | |
| SKIN CONDITIONS | Acanya, Aczone, Aktipak, Atralin, Avita, Azelex, Differin, Epiduo, Epiduo Forte, Fabior, Onexton, Retin-A, Retin-A Micro, Retin-A Micro Pump, Tazorac, Tretin-X, Veltin | adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone | |
| | acyclovir 5% ointment, Denavir | acyclovir tablet, famciclovir, valacyclovir | |
| | doxepin 5% cream | Ala-Cort, alclometasone, amcinonide, Apexicon E, betamethasone, clobetasol, clocortolone, Clodan shampoo, desonide, desoximetasone | |
| | Exelderm | econazole, ketoconazole, oxiconazole | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Excluded medications | Additional information |
|-----------------------------------|-----------------------|--------------------------|---|
| January 1, 2019 | VITAMIN D SUPPLEMENTS | Baby Ddrops | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |
| | | Baby Vitamin D3 | |
| | | Bio-D-Mulsion | |
| | | Bio-D-Mulsion Forte | |
| | | Children's Vitamin D3 | |
| | | D3-2000 | |
| | | Ddrops | |
| | | Decara | |
| | | Delta D3 | |
| | | Dialyvite Vitamin D | |
| | | Dialyvite Vitamin D3 Max | |
| | | D-Vi-Sol | |
| | | Just D | |
| | | Kids Vitamin D3 | |
| | | Maximum D3 | |
| | | Pedia D-Vite | |
| | | Replesta | |
| | | Replesta NX | |
| | | Super Daily D3 | |
| | | Thera-D | |
| Vitajoy Daily D | | | |
| Vitamin D | | | |
| Vitamin D3 | | | |
| Vitamin D-400 | | | |

ADVANTAGE PRESCRIPTION DRUG LIST

| Start date of change ¹ | Drug class | Medications moving to generic |
|-----------------------------------|----------------------------|---------------------------------------|
| October 1, 2019 | GASTROINTESTINAL/HEARTBURN | mesalamine 800mg DR |
| Start date of change ¹ | Drug class | Medications moving to preferred brand |
| October 1, 2019 | ASTHMA/COPD/RESPIRATORY | Xolair |
| | CANCER | Erivedge |
| | CONTRACEPTIVE PRODUCTS | Nuvaring |
| | GASTROINTESTINAL/HEARTBURN | Trulance |
| | MULTIPLE SCLEROSIS | Mayzent |
| | SEIZURE DISORDERS | Fycompa |
| May 15, 2019 | DIABETES | Humalog AG |
| April 1, 2019 | DIABETES | Dexcom G6 |
| | | Freestyle Libre |
| | INFECTIONS | ledipasvir-sofosbuvir |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications moving to preferred brand | |
|-----------------------------------|--|---|---|
| March 1, 2019 | SKIN CONDITIONS | ZTLido 1.8% patch | |
| February 1, 2019 | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca | |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | ProAir HFA AG | |
| January 1, 2019 | AIDS/HIV | Biktarvy | |
| | | Descovy | |
| | | Genvoya | |
| | | Tivicay | |
| | | Triumeq | |
| | | Viread | |
| | GASTROINTESTINAL/HEARTBURN | Amitiza | |
| | | Linzess | |
| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | INFECTIONS | Macrochantin 25mg | nitrofurantoin |
| | NUTRITIONAL/DIETARY | Vitatrue | generic prenatal vitamin |
| | TRANSPLANT MEDICATIONS | Prograf 0.5mg | tacrolimus 0.5mg |
| Prograf 5mg | | tacrolimus 5mg | |
| May 1, 2019 | EYE CONDITIONS | Inveltys opht susp 1% | ophthalmic dexamthasone, fluorometholone, prednisolone |
| | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SKIN CONDITIONS | Bryhali lotion 0.01% | topical halobetasol |
| clobetasol | | | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Odactra | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | amantadine IR |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | Ventolin HFA AG | ProAir HFA AG |
| January 1, 2019 | CONTRACEPTION PRODUCTS | Beyaz ⁺⁺ | drospirenone-ethinyl estradiol/levomefolate, Rajani |
| | | TRANSPLANT MEDICATIONS | Prograf 1mg capsule ⁺ |
| | | Rapamune 1, 2mg tablets ⁺ | sirolimus ⁺ |
| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
| July 1, 2019 | GASTROINTESTINAL/HEARTBURN | Sucraid ^{##} | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | HORMONAL AGENTS | budesonide ER | |
| | | Synarel | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
|-----------------------------------|--------------------------------------|---|---|
| May 1, 2019 | HORMONAL AGENTS | Orlissa | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Orlair | |
| | | Ragwitek | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Symdeko | |
| | BLOOD MODIFIERS/BLEEDING DISORDERS | Ceproin | |
| | | Coagadex | |
| | | Profilnine 1500 unit vial | |
| | CANCER | Arzerra 100mg/5ml vial | |
| | | docetaxel 200mg/10ml vial | |
| | | Evomela | |
| | | Lartruvo | |
| | | Metastron | |
| | | Quadramet | |
| | | Zevalin | |
| | HORMONAL AGENTS | Zilretta | |
| | INFECTIONS | Sofosbuvir-Velpatasvir | |
| | MISCELLANEOUS | BAL in Oil | |
| | | calcium disodium versenate | |
| | | Vizamyl | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Abstral ^{^^^} | |
| | | Actiq ^{^^^} | |
| | | Fentanyl ^{^^^} | |
| | | Fentora ^{^^^} | |
| | | Hyalgan | |
| | | Lazanda ^{^^^} | |
| | | Subsys ^{^^^} | |
| SEIZURE DISORDERS | | Aptiom ^{^^} | |
| | Banzel ^{^^} | | |
| | Briviact ^{^^} | | |
| | Fycompa ^{^^} | | |
| | Oxtellar XR ^{^^} | | |
| | Spritam ^{^^} | | |
| | Vimpat ^{^^} | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
|-----------------------------------|--|---|---|
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| July 1, 2019 | HORMONAL AGENTS | budesonide ER | |
| | | Uceris foam | |
| | | Uceris tablet | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca | |
| | | Butorphanol | |
| | | Butrans | |
| | | Conzip | |
| Tramadol | | | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Orlair | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Kalydeco | |
| | | Orkambi | |
| | DIABETES | Adlyxin | |
| | | Byetta | |
| | GASTROINTESTINAL/HEARTBURN | Nexium DR packet | |
| INFECTIIONS | Difcid | | |
| Start date of change ¹ | Drug class | Medications with an age requirement [^] | Additional information |
| January 1, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Daytrana ^{^^^^} | Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | | Quillivant XR ^{^^^^} | |
| Start date of change ¹ | Drug class | Medications being added to the Step Therapy Program ^{^, +, ++} | Generic and/or preferred brand alternatives |
| May 1, 2019 | SKIN CONDITIONS | Bryhali lotion 0.01% | topical halobetasol, clobetasol |
| January 1, 2019 | ERECTILE DYSFUNCTION | Cialis 2.5, 10, 20mg | tadalafil, sildenafil |
| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
|--|--|--|---|
| July 1, 2019 | ALLERGY/NASAL SPRAYS | Carbinoxamine 6mg (Ryvent) | carbinoxamine 4mg |
| | COUGH/COLD MEDICATIONS | Benzonatate 150mg | benzonatate 100mg, benzonatate 200mg |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Allzital | butalbital/acetaminophen tablets, butalbital/apap/caffeine capsules and tablets |
| | | Chloroxazone 250 mg | metaxalone 400 mg, methocarbamol 500 mg |
| | | Fenortho | generic NSAID (e.g. indomethacin capsules) |
| | | Indocin 25/5 Susp | generic NSAID (e.g. indomethacin capsules) |
| | Onzetra Xsail | generic triptans (e.g. nasal sumatriptan; naratriptan tablet) | |
| SLEEP DISORDERS/SEDATIVES | Zolpimist | zolpidem, zolpidem ER, eszopiclone, zaleplon, Belsomra, Silenor | |
| May 1, 2019 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | aripiprazole |
| | SEIZURE DISORDERS | Sympazan oral films | clobazam tablets/suspension |
| January 18, 2019 | ASTHMA/COPD/RESPIRATORY | Ventolin HFA AG | ProAir HFA AG |
| January 1, 2019 | AIDS/HIV | Crixivan***** | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Norvir 100mg tablet | ritonavir 100mg tablet |
| | | Reyataz capsule | atazanavir capsule |
| | | Viracept***** | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adderall XR**, Adzenys ER**, Adzenys XR-ODT**, Aptensio XR**, Concerta**, Dyanavel XR**, Focalin XR**, Quillichew ER**, Ritalin LA** | dexmethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA |
| | CHOLESTEROL MEDICATIONS | Praluent** | Repatha |
| | SEIZURE DISORDERS | Kepra*** | levetiracetam |
| | | Kepra XR*** | levetiracetam |
| | | Lamictal***, Lamictal (blue, green, orange)*** | lamotrigine |
| | | Lamictal ODT***, Lamictal ODT (blue, green, orange)*** | lamotrigine ODT |
| Lamictal XR****, Lamictal XR (blue, green, orange)**** | | lamotrigine ER | |
| Qudexy XR***, Trokendi XR*** | | topiramate ER | |
| Sabril*** | | vigabatrin | |
| Topamax*** | topiramate | | |
| Trileptal*** | oxcarbazepine | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications not covered* | Generic and/or preferred brand alternatives |
|-----------------------------------|-----------------------|--------------------------------|---|
| January 1, 2019 | SKIN CONDITIONS | acyclovir 5% ointment, Denavir | acyclovir tablet, famciclovir, valacyclovir |
| | | Aczone, Aktipak | adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone |
| | | doxepin 5% cream | Ala-Cort, alclometasone, amcinonide, Apexicon E, betamethasone, clobetasol, clocortolone, Clodan shampoo, desonide, desoximetasone |
| | | Exelderm | econazole, ketoconazole, oxiconazole |
| Start date of change ¹ | Drug class | Excluded medications | Additional information |
| January 1, 2019 | VITAMIN D SUPPLEMENTS | Baby Ddrops | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |
| | | Baby Vitamin D3 | |
| | | Bio-D-Mulsion | |
| | | Bio-D-Mulsion Forte | |
| | | Children's Vitamin D3 | |
| | | D3-2000 | |
| | | Ddrops | |
| | | Decara | |
| | | Delta D3 | |
| | | Dialyvite Vitamin D | |
| | | Dialyvite Vitamin D3 Max | |
| | | D-Vi-Sol | |
| | | Just D | |
| | | Kids Vitamin D3 | |
| | | Maximum D3 | |
| | | Pedia D-Vite | |
| | | Replesta | |
| | | Replesta NX | |
| | | Super Daily D3 | |
| | | Thera-D | |
| Vitajoy Daily D | | | |
| Vitamin D | | | |
| Vitamin D3 | | | |
| Vitamin D-400 | | | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST

| Start date of change ¹ | Drug class | Medications moving to generic | |
|-----------------------------------|--|---|--|
| October 1, 2019 | GASTROINTESTINAL/HEARTBURN | mesalamine 800mg DR | |
| Start date of change ¹ | Drug class | Medications moving to preferred brand | |
| October 1, 2019 | CANCER | Erivedge | |
| | GASTROINTESTINAL/HEARTBURN | Trulance | |
| | INFECTIONS | Firvanq | |
| | MULTIPLE SCLEROSIS | Mayzent | |
| | SEIZURE DISORDERS | Fycompa | |
| May 15, 2019 | DIABETES | Humalog AG | |
| April 1, 2019 | DIABETES | Dexcom G6 | |
| | | Freestyle Libre | |
| | INFECTIONS | ledipasvir-sofosbuvir | |
| March 1, 2019 | SKIN CONDITIONS | ZTLido 1.8% patch | |
| February 1, 2019 | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca | |
| January 18, 2019 | ATHMA/COPD/RESPIRATORY | ProAir HFA AG | |
| | | Ventolin HFA AG | |
| January 1, 2019 | AIDS/HIV | Atripla | |
| | | Biktarvy | |
| | | Descovy | |
| | | Genvoya | |
| | | Intelence | |
| | | Tivicay | |
| | | Triumeq | |
| | | Viread | |
| | | | |
| | GASTROINTESTINAL/HEARTBURN | Amitiza | |
| | | Linzess | |
| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| July 1, 2019 | INFECTIONS | Macrochantin 25mg | nitrofurantoin |
| | NUTRITIONAL/DIETARY | Vitatrue | generic prenatal vitamin |
| | TRANSPLANT MEDICATIONS | Prograf 0.5mg | tacrolimus 0.5mg |
| Prograf 5mg | | tacrolimus 5mg | |
| May 1, 2019 | EYE CONDITIONS | Inveltys opht susp 1% | Lotemax 0.5% opht gel or drops, ophthalmic dexamethasone, fluorometholone, prednisolone |
| | | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite |
| | SEIZURE DISORDERS | Sympazan oral films | clobazam tablets/suspension |
| | SKIN CONDITIONS | Bryhali Lotion 0.01% | topical halobetasol, clobetasol |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications moving to non-preferred brand | Generic and/or preferred brand alternatives |
|---|--|---|---|
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Odactra | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | amantadine IR |
| January 1, 2019 | AIDS/HIV | Rescriptor ⁺ | Talk with your doctor to find out if there's a lower-cost alternative that will work for you. |
| | | Videx ⁺ | |
| | CHOLESTEROL MEDICATIONS | Praluent ^{+,**} | Repatha ⁺ |
| | CONTRACEPTION PRODUCTS | Beyaz ⁺⁺ | drosiprone-ethinyl estradiol/levomefolate, Rajani |
| | TRANSPLANT MEDICATIONS | Prograf 1mg capsule ⁺ | tacrolimus ⁺ |
| Rapamune 0.5, 1, 2mg tablets ⁺ | | sirolimus ⁺ | |
| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| July 1, 2019 | ALLERGY/NASAL SPRAYS | carbinoxamine (Ryvent) | |
| | COUGH/COLD MEDICATIONS | benzonatate 150mg | |
| | GASTROINTESTINAL/HEARTBURN | Sucraid ^{##} | |
| | HORMONAL AGENTS | budesonide ER | |
| | | Orlissa | |
| | | Synarel | |
| | | Uceris foam ^{##} | |
| | Uceris tablet ^{##} | | |
| PAIN RELIEF AND INFLAMMATORY DISEASE | Allzital | | |
| | chlorzoxazone 250mg | | |
| | Fenortho | | |
| | Indocin 25/5 Sus [#] | | |
| | Onzetra Xsail | | |
| SLEEP DISORDER/SEDATIVES | Zolpimist | | |
| May 1, 2019 | HORMONAL AGENTS | Orlissa | |
| | SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Mycite | |
| | SEIZURE DISORDERS | Sympazan oral films | |
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | |
| | | Odactra | |
| | | Orlair | |
| | | Ragwitek | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Symdeko | |
| | BLOOD MODIFIERS/BLEEDING DISORDERS | Ceprotin | |
| | | Coagadex | |
| | | Profilnine | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications that need approval (prior authorization) [^] | Additional information |
|---|--|---|---|
| January 1, 2019 | CANCER | Arzerra | Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If you're taking this medication, ask your doctor's office to contact us soon so we can start the coverage review process. |
| | | docetaxel | |
| | | Evomela | |
| | | Lartruvo | |
| | | Metastron | |
| | | Quadramet | |
| | | Zevalin | |
| | HORMONAL AGENTS | Zilretta | |
| | INFECTIONS | Baxdela tablet | |
| | | Sofosbuvir-Velpatasvir | |
| | MISCELLANEOUS | BAL in Oil | |
| | | calcium disodium versenate | |
| | | Vizamyl | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Abstral ^{^^^} | |
| | | Actiq ^{^^^} | |
| | | Fentanyl ^{^^^} | |
| | | Fentora ^{^^^} | |
| | | Hyalgan vial | |
| | | Lazanda ^{^^^} | |
| | | Subsys ^{^^^} | |
| | SEIZURE DISORDERS | Aptiom ^{^^} | |
| Banzel ^{^^} | | | |
| Briviact tablet, solution ^{^^} | | | |
| Fycompa ^{^^} | | | |
| Oxtellar XR ^{^^} | | | |
| Spritam ^{^^} | | | |
| Vimpat tablet, solution ^{^^} | | | |
| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| July 1, 2019 | HORMONAL AGENTS | Budesonide ER | |
| | | Uceris foam | |
| | | Uceris tablet | |
| | PAIN RELIEF AND INFLAMMATORY DISEASE | Belbucca | |
| | | Butrophanol | |
| May 1, 2019 | HORMONAL AGENTS | Butrans | |
| | | Conzip | |
| | | Tramadol | |
| | | Orlissa | |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Medications with a quantity limit [^] | Additional information |
|-----------------------------------|--|--|---|
| April 1, 2019 | ALLERGY/NASAL SPRAYS | Grastek | Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | | Odactra | |
| | | Orlair | |
| | | Ragwitek | |
| March 1, 2019 | PARKINSON'S DISEASE | Osmolex ER | |
| January 1, 2019 | ASTHMA/COPD/RESPIRATORY | Kalydeco | |
| | | Orkambi | |
| | DIABETES | Adlyxin | |
| | | Byetta | |
| | GASTROINTESTINAL/HEARTBURN | Dexilant DR capsule ^{^^^^} | |
| | | esomeprazole DR cap ^{^^^^} | |
| | | Nexium DR packet ^{^^^^} | |
| | | Prevacid 15mg SoluTab ^{^^^^} | |
| | INFECTIONS | Difcid | |
| | SKIN CONDITIONS | acyclovir ointment | |
| | | doxepin 5% cream, Prudoxin, Zonalon | |
| | | Xerese | |
| | | Zovirax cream, ointment | |
| Start date of change ¹ | Drug class | Medications with an age requirement [^] | Additional information |
| January 1, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adzenys ER ^{^^^^^} | Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options. |
| | | Adzenys XR-ODT ^{^^^^^} | |
| | | Cotempla XR-ODT ^{^^^^^} | |
| | | Daytrana ^{^^^^^} | |
| | | Dyanavel XR ^{^^^^^} | |
| | | Quillichew ER ^{^^^^^} | |
| | | Quillivant XR ^{^^^^^} | |
| | | Vyvanse chewable ^{^^^^^} | |
| Start date of change ¹ | Drug class | Medications being added to the Step Therapy Program ^{^,+++} | Generic and/or preferred brand alternatives |
| November 7, 2019 | ATTENTION DEFICIT HYPERACTIVITY DISORDER | Jornay PM | amphetamine salts ER, dexamethylphenidate ER, methylphenidate ER (multiple ER formulations), Vyvanse |
| May 1, 2019 | SKIN CONDITIONS | Bryhali lotion 0.01% | topical halobetasol, clobetasol |
| January 1, 2019 | ERECTILE DYSFUNCTION | Cialis 2.5, 10, 20mg | tadalafil, sildenafil |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

| Start date of change ¹ | Drug class | Excluded medications | Additional information |
|-----------------------------------|-----------------------|---|---|
| January 1, 2019 | VITAMIN D SUPPLEMENTS | Baby Ddrops Baby Vitamin D3 Bio-D-Mulsion Bio-D-Mulsion Forte Children's Vitamin D3 D3-2000 Ddrops Decara Delta D3 Dialyvite Vitamin D Dialyvite Vitamin D3 Max D-Vi-Sol Just D Kids Vitamin D3 Maximum D3 Pedia D-Vite Replesta Replesta NX Super Daily D3 Thera-D Vitajoy Daily D Vitamin D Vitamin D3 Vitamin D-400 | Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement. |

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

1. State laws in Texas and Louisiana may require your plan to cover your medications 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, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

+ This is a specialty medication. Some plans cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use Cigna Specialty Pharmacy (our home delivery pharmacy) to receive coverage. For plans that cover these medications on a specialty tier, this change will not affect the cost of the medication. Please log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers specialty medications.

++ Please check your plan materials to learn more about how your plan covers this brand name medication. For some plans, if you choose to fill a prescription for a brand name medication instead of the available generic equivalent, you'll pay a higher amount. You'll pay your generic (or brand) copay or coinsurance plus the difference in cost between the brand medication and the generic. Some plans don't require you to pay this higher amount when you fill a brand name medication. For example, your plan may only require you to pay your brand copay or coinsurance if your doctor writes "Dispense as Written" on your prescription and he/she requests that the pharmacist fill the brand name medication (not the available generic equivalent).

+++ Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).

^ These changes may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits, Step Therapy and/or age. Please log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers these medications.

^^ If you're taking this medication to treat a seizure disorder and you're under 18 years of age, this change won't affect you.

^^^ If you're taking this medication as part of a cancer treatment program, your plan will cover this medication (but you'll need prior approval from Cigna).

^^^^ If you're taking this medication to treat Zollinger-Ellison syndrome (ZES), this change won't affect you.

^^^^^ If you're under 13 years of age, this change won't affect you.

* These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription on or after the date this change starts, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

** If you currently have approval from Cigna for your plan to cover this medication, it's important to know that your approval will end on January 1st.

*** If you're taking this medication to treat a seizure disorder, this change won't affect you.

**** If you're taking this medication to treat a seizure disorder, this change won't affect you. However, it's important to know that you'll now pay your plan's non-preferred brand copay to fill your prescription.

***** If you're currently taking this medication, this change won't affect you.

It's important to know that if Cigna approves coverage of this medication through a review process, you'll pay a higher cost-share to fill your prescription. Starting July 1st, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill this medication. However, if you're a resident of the State of Illinois, please know that state law may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you receive approval through a review process for your plan to cover your medication, this change in coverage may not begin until your renewal date. To find out if this state law applies to your plan, please call Customer Service using the number on the back of your ID card.

If you already have approval for your plan to cover this medication, this change won't affect you until your current approval runs out.

Cigna reserves the right to make changes to the 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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