

# PRESCRIPTION DRUG LIST CHANGES



Cigna Pharmacy Management®

2017

The medications listed below are changing coverage (or cost levels) on Cigna's Prescription Drug List. Changes are listed by drug list and by the date they begin.

If you're enrolled with Cigna, you can log into [myCigna.com](http://myCigna.com) to find out how these changes may affect you.

## STANDARD PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra Stelara	
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
	Parkinson's Disease	Xagado	rasagiline, selegiline
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
August 17, 2017	Hormonal Agents	Emflaza+	prednisone

Together, all the way.®



## STANDARD PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza+	Epclusa+, Harvoni+, Sovaldi+
June 30, 2017	Cancer	Xatmep+	methotrexate tablets
May 22, 2017	Infections	Vemlidy	Viread
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Rayaldee+	doxercalciferol, calcitriol, paracalcitol
Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
September 15, 2017	Skin Conditions	Siliq	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
July 1, 2017	Blood Pressure/ Heart Medications	Cardizem	diltiazem
		Isordil Titradose	isosorbide dinitrate
		Lanoxin	digitek, digox, digoxin
	Cholesterol Medications	Antara, Fenoglide	fenofibrate
	Cough/Cold Medications	Tussicaps	hydrocodone-chlorpheniramine ER, promethazine-codeine
	Diuretics	Edecrin, ethacrynic acid	bumetanide, furosemide, torsemide
	Gastrointestinal/Heartburn	Anusol-HC suppository	anucort-HC, GRX hicort 25, hemmorex-HC, hydrocortisone, rectacort- HC
		Omeclamox-pak, Prevpac, Pylera	lansoprazole-amoxicillin- clarithromycin (combo pak)
	Hormonal Agents	Dexpak	dexamethasone
	Infections	Onmel	itraconazole, terbinafine
	Pain Relief and Inflammatory Disease	Conzip	tramadol, tramadol ER
		Levorphanol tartrate	acetaminophen-codeine, hydrocodone acetaminophen, hydromorphone ER, hydromorphone, lorcet, lorcet HD, lorcet plus, oxycodone, oxycodone ER, tramadol, verdrocet, vicodin, vicodin ES, vicodin HP
		Naprelan, naproxen CR, naproxen ER, Zipsor	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen DS, oxaprozin, piroxicam, sulindac, tolmentin
	Zomig ZMT	zolmitriptan ODT	

## STANDARD PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
July 1, 2017	Skin Conditions	Aldara	imiquimod
		Anusol-HC cream	hydrocortisone, protco-med HC, proctosol-HC, proctozone-HC
		Clobex	clobetasol, clodan shampoo
		Ertaczo	ketoconazole
		Extina	ketoconazole, ketodan
		Halog	clobetasol propionate, halobetasol propionate
		Locoid lipocream	hydrocortisone butyrate
		Loprox	ciclodan, ciclopirox
		Oxistat	Clotrimazole, econazole nitrate, ketoconazole, oxiconazole nitrate
		Penlac	Ciclodan, ciclopirox
		Plexion	sulfacetamide-sulfur, SS 10-2, Zencia
		Prudoxin	doxepin
		Salex	salicylic acid
		Trianex	triamcinolone, triderm
		Ultravate	Ala-cort, aldometasone dipropionate, aminonide, apexicon, betamethasone dipropionate, betamethasone valerate, clobetasol emollient, clobetasol emulsion, clobetasol propionate, clocortonlone pivalate, clodan, cormax, desonide, desoximetasone, diflorasone diacetate, fluocinolone acetonide, fluocinonide, fluocinonide- E, flurandrenolide, fluticasone propionate, halobetasol propionate, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, micort-HC, mometasone furoate, prednicarbate, psorcon, scalacort, tacrolimus, triamcinolone acetonide, trianex, triderm
		Ultravate X	clobetasol propionate, halobetasol propionate
		Verdeso	desonide
Vusion	ketoconazole		
Zonalon	doxepin, prudoxin		
	Sleep Disorders/Sedatives	Ambien	zolpidem
		Ambien CR	zolpidem ER
June 16, 2017	Diabetes	Adlyxin	Trulicity, Bydureon, Byetta
		Basaglar	Lantus, Toujeo, Levemir, Tresiba
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anora Ellipta, Stiolto Respirmat
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	Adrenacllick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)

## STANDARD PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200, hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet,	

## STANDARD PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamicet 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratub  Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	

## STANDARD PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication with quantity limits	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
July 1, 2017	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocodone- cpm- pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine- phenyleph- codeine, Rezira, Tussicaps, Tussionig, Tussionex, Tuzistra XR, Vituz, Zutripro	
	Gastrointestinal/Heartburn	Opium Tincture	
	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna- opium, butalbital-acetaminophen- caffeine- codeine, butalbital-caffeine-acetaminophen-codeine, butalbital compound-codeine, butalbital-acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol- aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen- caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone-acetaminophen, hydrocodone- ibuprofen, hydromorphone, Ibudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone- ibuprofen, oxycodone- acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos- DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamicet, zebutal	
Substance Abuse	Evzio, Naltrexone		
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
Apr. 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexamethylphenidate, methamphetamine, methylphenidate

## PERFORMANCE PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra	
Stelara			
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
	Parkinson's Disease	Xagado	rasagiline, selegiline
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
	Skin Conditions	Siliq+	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 17, 2017	Hormonal Agents	Emflaza+	prednisone
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza+	Epclusa+, Harvoni+, Sovaldi+
June 30, 2017	Cancer	Xatmep+	methotrexate tablets
June 16, 2017	Diabetes	Adlyxin	Trulicity, Bydureon, Byetta
		Basaglar	Lantus, Toujeo, Levemir, Tresiba
May 22, 2017	Infections	Vemlidy	Viread
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Royaldee+	doxercalciferol, calcitriol, paracalcitol
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin

## PERFORMANCE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
January 7, 2017	Allergy/Nasal Sprays	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenacllick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200,	



## PERFORMANCE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamicet 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
September 15, 2017	Skin Conditions	Siliq <sup>+</sup>	
September 1, 2017	Allergy/Nasal Sprays	Adrenaclick, Auvi-Q, EpiPen, EpiPen Jr.	
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	

## PERFORMANCE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
July 1, 2017	Miscellaneous	Syprine	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratub Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	
Start date of change*	Drug class	Medication with quantity limits	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
July 1, 2017	Allergy/Nasal Sprays	Adrenaclick, EpiPen, EpiPen Jr.	
	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph- codeine, Rezira, Tussicaps, Tussionex, Tussionex, Tuzistra XR, Vituz, Zutripro	
	Gastrointestinal/Heartburn	Opium Tincture	
	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna- opium, butalbital-acetaminophen-caffeine- codeine, butalbital-caffeine- acetaminophen-codeine, butalbital compound-codeine, butalbital- acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol- aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen- caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone- acetaminophen, hydrocodone- ibuprofen, hydromorphone, Ibudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone- ibuprofen, oxycodone-acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos- DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamiset, zebutal	
	Substance Abuse	Evzio, Naltrexone	

## PERFORMANCE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	Generic and/or preferred brand alternativesamphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexmethylphenidate, methamphetamine, methylphenidate
January 7, 2017	Allergy/Nasal Sprays	Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)

## VALUE PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra	
Stelara			
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
June 1, 2017	Diabetes	Farxiga	
		Xigduo XR	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
January 7, 2017	Allergy/Nasal Sprays	Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
	Parkinson's Disease	Xagado	rasagiline, selegiline

## VALUE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
	Skin Conditions	Siliq+	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 17, 2017	Hormonal Agents	Emflaza+	prednisone
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza+	Epclusa+, Harvoni+, Sovaldi+
June 30, 2017	Cancer	Xatmep+	
June 16, 2017	Diabetes	Adlyxin	Trulicity
		Basaglar	Lantus, Toujeo
May 22, 2017	Infections	Vemlidy	Viread
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Royaldee+	doxercalciferol, calcitriol, paracalcitol
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	Adrenaclik	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325,	

## VALUE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200, hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325,	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.

## VALUE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamiset 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
September 15, 2017	Skin Conditions	Siliq <sup>+</sup>	
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q, EpiPen, EpiPen Jr.	
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratab Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	
Start date of change*	Drug class	Medication with quantity limits	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
July 1, 2017	Allergy/Nasal Sprays	Adrenacllick, EpiPen, EpiPen Jr.	
	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph- codeine, Rezira, Tussicaps, Tussionex, Tussionex XR, Vituz, Zutripro	
	Gastrointestinal/Heartburn	Opium Tincture	

## VALUE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna- opium, butalbital-acetaminophen-caffeine- codeine, butalbital-caffeine- acetaminophen-codeine, butalbital compound-codeine, butalbital- acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol- aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen- caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone- acetaminophen, hydrocodone- ibuprofen, hydromorphone, Ibudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone- ibuprofen, oxycodone-acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos- DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamicet, zebutal	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
	Substance Abuse	Evzio, Naltrexone	
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexmethylphenidate, methamphetamine, methylphenidate

## ADVANTAGE PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra	
Stelara			
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
June 1, 2017	Diabetes	Farxiga	
		Xigduo XR	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
	Parkinson's Disease	Xagado	rasagiline, selegiline
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
	Skin Conditions	Siliq+	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 17, 2017	Hormonal Agents	Emflaza+	prednisone
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza+	Epclusa+, Harvoni+, Sovaldi+
June 30, 2017	Cancer	Xatmep+	methotrexate tablets
June 16, 2017	Diabetes	Adlyxin	Trulicity
		Basaglar	Lantus, Toujeo
May 22, 2017	Infections	Vemlidy	Viread
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Royaldee+	doxercalciferol, calcitriol, paracalcitol



## ADVANTAGE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	Adrenaclik	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml),	

## ADVANTAGE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200, hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamiset 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
September 15, 2017	Skin Conditions	Siliq <sup>+</sup>	
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q, EpiPen, EpiPen Jr.	
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	

## ADVANTAGE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratub Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	
Start date of change*	Drug class	Medication with quantity limits	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
July 1, 2017	Allergy/Nasal Sprays	Adrenacllick, EpiPen, EpiPen Jr.	
	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph-codeine, Rezira, Tussicaps, Tussionex, Tussionex, Tuzistra XR, Vituz, Zutripro	
	Gastrointestinal/Heartburn	Opium Tincture	
	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna- opium, butalbital-acetaminophen- caffeine- codeine, butalbital-caffeine-acetaminophen-codeine, butalbital compound-codeine, butalbital-acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol- aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen- caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone-acetaminophen, hydrocodone- ibuprofen, hydromorphone, Ibudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone- ibuprofen, oxycodone- acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos- DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamiset, zebutal	
	Substance Abuse	Evzio, Naltrexone	

## ADVANTAGE PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	Generic and/or preferred brand alternatives amphetamine/dextroamphetamine, amphetamine/ dextroamphetamine ER, d-amphetamine, dexamethylphenidate, methamphetamine, methylphenidate
January 7, 2017	Allergy/Nasal Sprays	Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)

## LEGACY PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra	
Stelara			
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
	Skin Conditions	Siliq+	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 17, 2017	Hormonal Agents	Emflaza+	prednisone

## LEGACY PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza+	Epclusa+, Harvoni+, Sovaldi+
June 30, 2017	Cancer	Xatmep+	methotrexate tablets
June 16, 2017	Diabetes	Adlyxin	Trulicity, Bydureon, Byetta
		Basaglar	Lantus, Toujeo, Levemir, Tresiba
May 22, 2017	Infections	Vemlidy	Viread
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Rayaldee+	doxercalciferol, calcitriol, paracalcitol
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	Adrenaclik	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650,	

## LEGACY PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200, hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500,	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.

## LEGACY PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamiket 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
September 15, 2017	Skin Conditions	Siliq <sup>+</sup>	
September 1, 2017	Allergy/Nasal Sprays	Adrenaclick, Auvi-Q, EpiPen, EpiPen Jr.	
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratab Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	
Start date of change*	Drug class	Medication with quantity limits	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
July 1, 2017	Allergy/Nasal Sprays	Adrenaclick, EpiPen, EpiPen Jr.	
	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph-codeine, Rezira, Tussicaps, Tussionex, Tussionex XR, Vituz, Zutripro	
	Gastrointestinal/Heartburn	Opium Tincture	

## LEGACY PRESCRIPTION DRUG LIST (cont.)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna-opium, butalbital-acetaminophen-caffeine-codeine, butalbital-caffeine-acetaminophen-codeine, butalbital compound-codeine, butalbital-acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol-aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen-caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacaine, fentora, fioricet, fioricet with codeine, fiorinal, fiorinal with codeine, hycet, hydrocodone-acetaminophen, hydrocodone-ibuprofen, hydromorphone, Ibudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone-ibuprofen, oxycodone-acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos-DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol, 10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamicet, zebutal	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
	Substance Abuse	Evzio, Naltrexone	
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexamethylphenidate, methamphetamine, methylphenidate
January 7, 2017	Allergy/Nasal Sprays	Adrenaclick	epinephrine injection, USP Auto-injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto-injector (authorized generic from Mylan Pharmaceuticals)



## PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED)

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra	
Stelara			
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
October 1, 2017	Parkinson's Disease	Xagado	rasagiline, selegiline
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	prednisone
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza <sup>+</sup>	Epclusa <sup>+</sup> , Harvoni <sup>+</sup> , Sovaldi <sup>+</sup>
June 30, 2017	Cancer	Xatmep <sup>+</sup>	methotrexate tablets
May 22, 2017	Infections	Vemlidy	Viread
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Royaldee <sup>+</sup>	doxercalciferol, calcitriol, paracalcitol
Start date of change*	Drug class	Medication not covered <sup>^</sup>	Generic and/or preferred brand alternatives
September 15, 2017	Skin Conditions	Siliq	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
July 1, 2017	Blood Pressure/Heart Medications	Cardizem	diltiazem
		Isordil Titradose	isosorbide dinitrate
		Lanoxin	digitek, digox, digoxin

**PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)**

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
July 1, 2017	Cholesterol Medications	Antara, Fenoglide	fenofibrate
	Cough/Cold Medications	Tussicaps	hydrocodone-chlorpheniramine ER, promethazine-codeine
	Diuretics	Edecrin, ethacrynic acid	bumetanide, furosemide, torsemide
	Gastrointestinal/Heartburn	Anusol-HC suppository	anucort-HC, Grx Hicort 25, hemmorex-HC, hydrocortisone, rectacort HC
		Omeclamox- pak, Prevpac, Pylera	lansoprazole-amoxicillin- clarithromycin (combo pak)
	Hormonal Agents	Dexpak	dexamethasone
	Infections	Onmel	itraconazole, terbinafine
	Pain Relief and Inflammatory Disease	Conzip	tramadol, tramadol ER
		Levorphanol tartrate	acetaminophen-codeine, hydrocodone acetaminophen, hydromorphone ER, hydromorphone, lorcet, lorcet HD, lorcet plus, oxycodone, oxycodone ER, tramadol, verdrocet, vicodin, vicodin ES, vicodin HP
		Naprelan, naproxen CR, naproxen ER, Zipsor	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen DS, oxaprozin, piroxicam, sulindac, tolmentin
		Zomig ZMT	zolmitriptan ODT
	Skin Conditions	Aldara	imiquimod
		Anusol-HC cream	hydrocortisone, protco-med HC proctosol-HC, proctozone-HC
		Clobex	clobetasol, clodan shampoo
		Ertaczo	ketoconazole
		Extina	ketoconazole, ketodan
		Halog	clobetasol propionate, halobetasol propionate
		Locoid lipocream	hydrocortisone butyrate
		Loprox	ciclodan, ciclopirox
		Oxistat	econazole nitrate, ketoconazole, oxiconazole nitrate
		Penlac	Ciclodan, ciclopirox
		Plexion	sulfacetamide-sulfur, SS 10-2, Zencia
		Prudoxin	doxepin
Salex		salicylic acid	
Trianex	Triamcinolone acetonide , triderm		

**PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)**

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
July 1, 2017	Skin Conditions (cont.)	Ultravate	Ala-cort, alclometasone dipropionate, aminonide, apexicon, betamethasone dipropionate, betamethasone valerate, clobetasol emollient, clobetasol emulsion, clobetasol propionate, clocortolone pivalate, clodan, cormax, desonide, desoximetasone, diflorasone diacetate, fluocinolone acetonide, fluocinonide, fluocinonide- E, flurandrenolide, fluticasone propionate, halobetasol propionate, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, micort-HC, mometasone furoate, prednicarbate, psorcon, scalacort, tacrolimus, triamcinolone acetonide, trianex, triderm
		Ultravate X	clobetasol propionate, halobetasol propionate
		Verdeso	desonide
		Vusion	ketoconazole
	Sleep Disorders/Sedatives	Zonalon	doxepin, pradoxin
		Ambien	zolpidem
June 16, 2017	Diabetes	Ambien CR	zolpidem ER
		Adlyxin	Trulicity, Bydureon, Byetta
May 1, 2017	Asthma/COPD/Respiratory	Basaglar	Lantus, Toujeo, Levemir, Tresiba
		Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen	

**PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)**

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200, hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500,	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.

**PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)**

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamicet 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratab Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	
Start date of change*	Drug class	Medication with quantity limits	Additional information
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
July 1, 2017	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramine ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph-codeine, Rezira, Tussicaps, Tussionex, Tussionex XR, Vituz, Zutripro	
	Gastrointestinal/Heartburn	Opium Tincture	
	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna- opium, butalbital-acetaminophen- caffeine- codeine, butalbital-caffeine-acetaminophen-codeine, butalbital compound-codeine, butalbital-acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol-aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen- caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone-acetaminophen, hydrocodone- ibuprofen, hydromorphone, lbudone, infumorph, ionsys,	

## PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Pain Relief and Inflammatory Disease (cont.)	lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone- ibuprofen, oxycodone- acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos- DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamiset, zebutal	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
	Substance Abuse	Evzio, Naltrexone	
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexmethylphenidate, methamphetamine, methylphenidate

## VALUE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED)

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
July 1, 2017	Pain Relief and Inflammatory Disease	Actemra	
		Stelara	
June 16, 2017	Diabetes	Soliqua	
June 1, 2017	Diabetes	Farxiga	
		Xigduo XR	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
	Parkinson's Disease	Xagado	rasagiline, selegiline
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
August 17, 2017	Hormonal Agents	Emflaza+	prednisone

## VALUE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza <sup>+</sup>	Epclusa <sup>+</sup> , Harvoni <sup>+</sup> , Sovaldi <sup>+</sup>
June 30, 2017	Cancer	Xatmep <sup>+</sup>	methotrexate tablets
May 22, 2017	Infections	Vemlidy	Viread
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Rayaldee <sup>+</sup>	doxercalciferol, calcitriol, paracalcitol
Start date of change*	Drug class	Medication not covered <sup>^</sup>	Generic and/or preferred brand alternatives
September 15, 2017	Skin Conditions	Siliq	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicort
July 1, 2017	Diuretics	Edecrin, ethacrynic acid	bumetanide, furosemide, torsemide
	Gastrointestinal/Heartburn	Omeclamox-pak, Prevpac, Pylera	lansoprazole-amoxicillin- clarithromycin (combo pak)
	Pain Relief and Inflammatory Disease	Levorphanol tartrate	acetaminophen-codeine, hydrocodone acetaminophen, hydromorphone ER, hydromorphone, lorcet, lorcet HD, lorcet plus, oxycodone, oxycodone ER, tramadol, verdrocet, vicodin, vicodin ES, vicodin HP
		Naprelan, naproxen CR, naproxen ER	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclufenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen DS, oxaprozin, piroxicam, sulindac, tolmentin
	Skin Conditions	Prudoxin	doxepin
		Ultravate	fluocinonide, fluocinonide-E, flurandrenolide, fluticasone propionate, halobetasol propionate, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, micort-HC, mometasone furoate, prednicarbate, psorcon, scalacort, tacrolimus, triamcinolone acetonide, trianex, triderm
		Zonalon	doxepin, prudoxin
June 16, 2017	Diabetes	Adlyxin	Trulicity
		Basaglar	Lantus, Toujeo
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin

## VALUE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
January 7, 2017	Allergy/Nasal Sprays	Adrenacllick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray, carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200,	



## VALUE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml, Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trexix 16-320.5-30 mg capsule, Trexix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamicet 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratab Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	

## VALUE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramine ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph- codeine, Rezira, Tussicaps, Tussionex, Tussionex, Tuzistra XR, Vituz, Zutripro	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
	Gastrointestinal/Heartburn	Opium Tincture	
	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna- opium, butalbital-acetaminophen-caffeine- codeine, butalbital-caffeine- acetaminophen-codeine, butalbital compound-codeine, butalbital- acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol- aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen- caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone- acetaminophen, hydrocodone- ibuprofen, hydromorphone, Ibudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone- ibuprofen, oxycodone-acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos- DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamiset, zebutal	
	Substance Abuse	Evzio, Naltrexone	
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexamethylphenidate, methamphetamine, methylphenidate

## ADVANTAGE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED)

Start date of change*	Drug class	Generic medication	
September 1, 2017	Pain Relief and Inflammatory Disease	colchicine 0.6mg tablet and capsule	
August 1, 2017	Asthma/COPD/Respiratory	fluticasone-salmeterol	
Start date of change*	Drug class	Preferred brand medication	
October 1, 2017	Diabetes	Xultophy	
	Infection	Mavyret	
	Pain Relief and Inflammatory Disease	Actemra	
		Stelara	
July 1, 2017	Pain Relief and Inflammatory Disease	Otezla	
		Remicade	
June 16, 2017	Diabetes	Soliqua	
June 1, 2017	Diabetes	Farxiga	
		Xigduo XR	
May 1, 2017	Asthma/COPD/Respiratory	Incruse Ellipta	
April 1, 2017	Skin Conditions	Eucrisa	
Start date of change*	Drug class	Non-preferred brand medication**	Generic and/or preferred brand alternatives
October 1, 2017	Pain Relief and Inflammatory Disease	Kevzara	Humira, Enbrel, Remicade, Actemra
		Renflexis	Humira, Enbrel, Remicade
		Tremfya	Enbrel, Humira, Remicade, Stelara
	Parkinson's Disease	Xagado	rasagiline, selegiline
September 15, 2017	Diabetes	OneTouch Via insulin delivery system	
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	prednisone
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
July 1, 2017	Infections	Daklinza <sup>+</sup>	Epclusa <sup>+</sup> , Harvoni <sup>+</sup> , Sovaldi <sup>+</sup>
June 30, 2017	Cancer	Xatmep <sup>+</sup>	methotrexate tablets
May 22, 2017	Infections	Vemlidy	Viread
April 1, 2017	Eye Conditions	Bromsite	bromfenac, diclofenac, flurbiprofen, ketorolac, Durezol, or Ilevro ophthalmic solution
	Nutritional/Dietary	Rayaldee <sup>+</sup>	doxercalciferol, calcitriol, paracalcitol
Start date of change*	Drug class	Medication not covered <sup>^</sup>	Generic and/or preferred brand alternatives
September 15, 2017	Skin Conditions	Siliq	Humira, Cosentyx
September 1, 2017	Allergy/Nasal Sprays	Auvi-Q	generic epinephrine auto-injector
August 15, 2017	Gastrointestinal/Heartburn	Trulance	Amitiza, Linzess

## ADVANTAGE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
August 1, 2017	Asthma/COPD/Respiratory	AirDuo RespiClick	Advair, Breo Ellipta, Symbicor
July 1, 2017	Diuretics	Edecrin, ethacrynic acid	bumetanide, furosemide, torsemide
	Gastrointestinal/Heartburn	Omeclamox-pak, Prevpac, Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)
	Pain Relief and Inflammatory Disease	Levorphanol tartrate	acetaminophen-codeine, acetaminophen, hydromorphone ER, hydromorphone, lorcet, lorcet HD, lorcet plus, oxycodone, oxycodone ER, tramadol, verdrocet, vicodin, vicodin ES, vicodin HP
		Naprelan, naproxen CR, naproxen ER	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen DS, oxaprozin, piroxicam, sulindac, tolmentin
	Skin Conditions	Prudoxin	doxepin
Ultravate		fluocinonide, fluocinonide-E, flurandrenolide, fluticasone propionate, halobetasol propionate, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, micort-HC, mometasone furoate, prednicarbate, psorcon, scalacort, tacrolimus, triamcinolone acetonide, trianex, triderm	
Zonalon		doxepin, prudoxin	
June 16, 2017	Diabetes	Adlyxin	Trulicity
		Basaglar	Lantus, Toujeo
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	AdrenaClick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
		EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Infection	Mavyret	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
	Pain Relief and Inflammatory Disease	acetaminophen-caffeine-dihydrocodeine 325, acetaminophen-caffeine-dihydrocodeine 712, acetaminophen-codeine #2 tablet, acetaminophen-codeine #3 tablet, acetaminophen-codeine #4 tablet, ASA-butalbital-caffeine-codeine #3 capsule, aspirin-caffeine-dihydrocodeine capsule, belladonna-opium 16.2-30 suppository, belladonna-opium 16.2-60 suppository, butalbital-acetaminophen-caffeine-codeine 50-300-30, butalbital-caffeine-acetaminophen-codeine 50-325-30, butorphanol 10 mg/ml spray,	

**ADVANTAGE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)**

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	carisoprodol-aspirin-codeine tablet, codeine 15 mg tablet, codeine 15 mg/2.5 ml solution, codeine 30 mg tablet, codeine 30 mg/5 ml solution (500ml), codeine 30 mg/5 ml solution (5ml), codeine 60 mg tablet, hydrocodone-acetaminophen 5-500 tablet, hydrocodone-acetaminophen 10-300, hydrocodone-acetaminophen 10-325, hydrocodone-acetaminophen 10-325/15 solution, hydrocodone-acetaminophen 10-500, hydrocodone-acetaminophen 10-650, hydrocodone-acetaminophen 10-660, hydrocodone-acetaminophen 10-750, hydrocodone-acetaminophen 2.5-108/5 solution, hydrocodone-acetaminophen 2.5-167/5 solution, hydrocodone-acetaminophen 2.5-325, hydrocodone-acetaminophen 2.5-500, hydrocodone-acetaminophen 5-163/7.5 solution, hydrocodone-acetaminophen 5-217/10 solution, hydrocodone-acetaminophen 5-300, hydrocodone-acetaminophen 5-325, hydrocodone-acetaminophen 5-334/10 solution, hydrocodone-acetaminophen 7.5-300, hydrocodone-acetaminophen 7.5-325, hydrocodone-acetaminophen 7.5-325/15 solution (118ml), hydrocodone-acetaminophen 7.5-325/15 solution (15ml), hydrocodone-acetaminophen 7.5-500, hydrocodone-acetaminophen 7.5-500/15 solution (118ml), hydrocodone-acetaminophen 7.5-500/15 solution (15ml), hydrocodone-acetaminophen 7.5-750, hydrocodone-ibuprofen 2.5-200, hydrocodone-ibuprofen 7.5-200, hydromorphone 1 mg/ml solution, hydromorphone 2 mg tablet, hydromorphone 3 mg suppository, hydromorphone 4 mg tablet, hydromorphone 8 mg tablet, Lortab 10 mg-300 mg/15 ml elixir, Magnacet 10 mg-400 mg tablet, Magnacet 5 mg-400 mg tablet, Magnacet 7.5 mg-400 mg tablet, meperidine 100 mg tablet, meperidine 50 mg tablet, meperidine 50 mg/5 ml solution, morphine 10 mg suppository, morphine 10 mg/0.5 ml oral syringe, morphine 10 mg/5 ml solution, morphine 100 mg/5 ml solution, morphine IR 15 mg tablet, morphine 20 mg suppository, morphine 20 mg/5 ml solution, morphine 20 mg/ml oral syringe, morphine 30 mg suppository, morphine 5 mg suppository, morphine IR 30 mg tablet, Nucynta 100 mg tablet, Nucynta 50 mg tablet, Nucynta 75 mg tablet, opium tincture 10 mg/ml,	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.

**ADVANTAGE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)**

Start date of change*	Drug class	Medication requiring prior authorization	Additional information
October 1, 2017	Pain Relief and Inflammatory Disease (cont.)	Oxecta 5 mg tablet, Oxecta 7.5 mg tablet, oxycodone 10 mg tablet, oxycodone 10 mg/0.5 ml oral syringe, oxycodone 15 mg tablet, oxycodone 20 mg tablet, oxycodone 20 mg/ml solution, oxycodone 30 mg tablet, oxycodone 5 mg capsule, oxycodone 5 mg tablet, oxycodone 5 mg/5 ml solution, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 5-500, oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 7.5-500, oxycodone-aspirin 4.83-325 mg, oxycodone-ibuprofen 5-400, oxymorphone 10 mg tablet, oxymorphone 5 mg tablet, pentazocin-acetaminophen 25-650, pentazocine-naloxone tablet, Primlev 10-300 mg tablet, Primlev 5-300 mg tablet, Primlev 7.5-300 mg tablet, Reprexain 10-200 mg tablet, Reprexain 5-200 mg tablet, Roxicet 5-325/5 ml solution, Trezix 16-320.5-30 mg capsule, Trezix 16-356-30 mg capsule, Xolox 10-500 mg tab, Zamicet 10-325 mg/15 ml solution, Zydone 10-400 mg tablet, Zydone 5-400 mg tablet, Zydone 7.5-400 mg tablet	Ask your doctor to call us. Your plan will only cover your medication if your doctor requests and receives approval from Cigna.
August 17, 2017	Hormonal Agents	Emflaza <sup>+</sup>	
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	
July 1, 2017	Miscellaneous	Syprine	
	Pain Relief and Inflammatory Disease	Cuprimine, Depen Titratub Duragesic, Embeda, Exalgo, fentanyl patch, hydromorphone ER, Hysingla ER, Kadian ER, morphine sulfate ER, MS Contin, Nucynta ER, Opana ER, oxycodone ER, oxymorphone ER, Oxycontin, Xartemis XR, Xtampza ER, Zohydro ER	
Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Cough/Cold Medications	Flowtuss, hycufenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph-codeine, Rezira, Tussicaps, Tussionig, Tussionex, Tuzistra XR, Vituz, Zutripro	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
	Gastrointestinal/Heartburn	Opium Tincture	

## ADVANTAGE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED) (cont.)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Pain Relief and Inflammatory Disease	Abstral, acetaminophen-codeine, actiq, alfentanil, ascomp with codeine, aspirin-caffeine-dihydrocodeine, belladonna-opium, butalbital-acetaminophen-caffeine-codeine, butalbital-caffeine-acetaminophen-codeine, butalbital compound-codeine, butalbital-acetaminophen-caffeine, butalbital-aspirin-caffeine, butorphanol, capacet, carisoprodol compound-codeine, carisoprodol-aspirin-codeine, codeine, Demerol, dihydrocodeine-acetaminophen-caffeine, Dilaudid, duramorph, Endocet, esgic, fentanyl patch, fentanyl-bupivacacaine, fentora, fioricet, fioricet with codeine, fiorinal, finorinal with codeine, hycet, hydrocodone-acetaminophen, hydrocodone-ibuprofen, hydromorphone, lbudone, infumorph, ionsys, lazanda, levorphanol, Lorcet, Lorcet HD, Lorcet Plus, Lortab, meperidine, morphine, nalbuphine, norco, Nucynta, Nucynta ER, Opana, Oxaydo, oxycodone, oxycodone-aspirin, oxycodone-ibuprofen, oxycodone-acetaminophen, oxymorphone, pentazocine-naloxone, Percocet, Primlev, Reprexain, Roxicodone, subsys, sufentanil, Synalgos-DC, talwin, trezix, Tylenol-codeine, ultiva, Verdrocet, Vicodin, Vicodin ES, Vicodin HP, Xodol,10-300, xodol 5-300, xodol 7.5-300, Xylon 10, zamiset, zebutal	Your plan only covers a certain amount of this medication. If your doctor writes a prescription for an amount more than what's allowed, it will only be covered in that amount if your doctor requests and receives approval from Cigna.
	Substance Abuse	Evzio, Naltrexone	
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
August 1, 2017	Pain Relief and Inflammatory Disease	Arymo ER, Morphabond ER	Hysingla ER, OxyContin, Xtampza ER
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexmethylphenidate, methamphetamine, methylphenidate

\* In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your patient's plan, please call Customer Service.

\*\* Some non-preferred brand medications may also require approval from Cigna before they're covered under your patient's prescription drug plan.

+ Some plans cover specialty medications on a specialty tier. For plans with a specialty tier, this change will not itself affect the cost of the medication.

^ These medications are not covered in our drug lists; however, providers can ask Cigna to consider approving coverage through a "medical necessity" exception process. Through this process, providers must show that a covered alternative(s) failed to produce results for the patient, or that use of a covered alternative(s) would otherwise be clinically inappropriate, and therefore a non-covered medication should be considered by Cigna for coverage.

^^ This is a Step Therapy medication. In Step Therapy, patients need to try the more cost-effective, appropriate medications available before the plan approves more expensive brand name medications. Providers can ask Cigna to consider approving coverage of a Step Therapy medication through a "medical necessity" review process.



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