

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 to find out how these changes may affect you.

Prescription Drug List Changes

STANDARD (CIGNA NATIONAL) PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Epclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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
July 1, 2017	Blood Pressure/Heart Medications	Cardizem	diltiazem
		Isordil Titradoso	isosorbide dinitrate
		Lanoxin	digitek, digox, digoxin
	Cholesterol Medications	Antara, Fenoglide	fenofibrate

Together, all the way.®



STANDARD (CIGNA NATIONAL) PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
July 1, 2017	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 tartate	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	Clotrimazole, econazole nitrate, ketoconazole, oxiconazole nitrate
		Penlac	Ciclodan, ciclopirox
Plexion		sulfacetamide-sulfur, SS 10-2, Zencia	
Prudoxin		doxepin	
Salex		salicylic acid	
Trianex	triamcinolone, triderm		

STANDARD (CIGNA NATIONAL) PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Medication not covered^	Generic and/or preferred brand alternatives
July 1, 2017	Skin Conditions <i>(cont.)</i>	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	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 Respimat
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenallick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
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	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	
		Cuprimine, Depen Titratub	

STANDARD (CIGNA NATIONAL) PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Cough/Cold Medications	Flowtuss, hycopenix, 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	
	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	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza+	Epclusa+, Harvoni+, Sovaldi+
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	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
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	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	
		Cuprimine, Depen Titatab	
Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Allergy/Nasal Sprays	Adrenacllick, EpiPen, EpiPen Jr.	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.
	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	
	Gastrointestinal/Heartburn	Opium Tincture	

PERFORMANCE 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, 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, 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
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, dexamethylphenidate, methamphetamine, methylphenidate
January 7, 2017	Allergy/Nasal Sprays	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto-injector (authorized generic from Mylan Pharmaceuticals)
		Adrenaclick	epinephrine injection, USP Auto-injector (authorized generic from Impax Laboratories)

VALUE PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Epclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto-injector (authorized generic from Mylan Pharmaceuticals)
		Adrenadlick	epinephrine injection, USP Auto-injector (authorized generic from Impax Laboratories)
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	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	
		Cuprimine, Depen Titratab	

VALUE PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Allergy/Nasal Sprays	Adrenalick, EpiPen, EpiPen Jr.	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.
	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,	
Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Pain Relief and Inflammatory Disease (cont.)	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	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
April 1, 2017	Attention Deficit Hyperactivity Disorder	Adderall XR	amphetamine/dextroamphetamine, amphetamine/dextroamphetamine ER, d-amphetamine, dexamethylphenidate, methamphetamine, methylphenidate
May 1, 2017	Asthma/COPD/Respiratory	Bevespi, Utibron	Anoro Ellipta, Stiolto Respimat

VALUE PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	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)
		Adrenallick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)

ADVANTAGE PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Epclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenallick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
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	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	
		Cuprimine, Depen Titratab	

ADVANTAGE PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Allergy/Nasal Sprays	Adrenaclick, EpiPen, EpiPen Jr.	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.
	Cough/Cold Medications	Flowtuss, hycopenix, Hydrocod- cpm-pseudoephedrine, Hydrocodone BT-homatropine, Hydrocodone-chlorpheniramne ER, Hydrocodone-homatropine, hydromet, obredon, Promethazine VC-codeine, Promethazine- codeine, Promethazine-phenyleph-codeine, Rezira, Tussicaps, Tussigon, 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, 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	
	Substance Abuse	Evzio, Naltrexone	

ADVANTAGE PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
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	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)

LEGACY PRESCRIPTION DRUG LIST

Start date of change*	Drug class	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Epclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)

LEGACY 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	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	
		Cuprimine, Depen Titratub	
Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Allergy/Nasal Sprays	Adrenacllick, EpiPen, EpiPen Jr.	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.
	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, Tussionon, Tussionex, Tuzistra XR, Vituz, Zutripro	
Start date of change*	Drug class	Medication with quantity limits	Additional information
July 1, 2017	Gastrointestinal/Heartburn	Opium Tincture	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.
	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	
		Substance Abuse	

LEGACY PRESCRIPTION DRUG LIST (CONT)

Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
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	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto-injector (authorized generic from Mylan Pharmaceuticals)
		Adrenaclick	epinephrine injection, USP Auto-injector (authorized generic from Impax Laboratories)

PERFORMANCE PRESCRIPTION DRUG LIST (WITH ADDITIONAL MEDICATIONS NOT COVERED)

Start date of change*	Drug class	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Epclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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

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	Blood Pressure/ Heart Medications	Cardizem	diltiazem
		Isordil Titradoso	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 tartate	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		

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 <i>(cont.)</i>	Salex	salicylic acid
		Trianex	Triamcinolone acetonide , triderm
		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
		Zonalon	doxepin, pradoxin
		Sleep Disorders/Sedatives	Ambien
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	Anoro Ellipta, Stiolto Respimat
March 15, 2017	Blood Pressure/Heart Medications	GoNitro	Nitromist, Nitrolingual, Nitrostat or nitroglycerin
January 7, 2017	Allergy/Nasal Sprays	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
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	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	
		Cuprimine, Depen Titratub	

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	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	
	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
July 1, 2017	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	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Epclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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
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 tartate	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, 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

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	EpiPen, EpiPen Jr.	Epinephrine Injection, USP Auto- injector (authorized generic from Mylan Pharmaceuticals)
		Adrenaclick	epinephrine injection, USP Auto- injector (authorized generic from Impax Laboratories)
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	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	
		Cuprimine, Depen Titratub	
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, 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, 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	

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	Substance Abuse	Evzio, Naltrexone	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.
Start date of change*	Drug class	Step Therapy medication^^	Generic and/or preferred brand alternatives
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	Preferred brand medication	
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
July 1, 2017	Infections	Daklinza ⁺	Eplclusa ⁺ , Harvoni ⁺ , Sovaldi ⁺
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
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 tartate	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, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen DS, oxaprozin, piroxicam, sulindac, tolmentin

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

Start date of change*	Drug class	Preferred brand medication	
	Skin Conditions	Prudoxin	doxepin
		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
		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
Start date of change*	Drug class	Medication not covered^	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
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	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	
		Cuprimine, Depen Titratab	
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, Tussigon, 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, 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	Medication with quantity limits	Additional information	
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 plan, please call Customer Service.

** Some non-preferred brand medications may also require approval from Cigna before they're covered under your prescription drug plan. You should take a look at your drug list on myCigna.com to find out how medications are covered under your plan. If your medication has PA (prior authorization), ST (Step Therapy), AGE (age requirement) or QL (quantity limit) listed next to it, then it needs approval.

+ This is a specialty medication. Specialty medications are used to treat complex or chronic conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Some plans cover specialty medications on a specialty tier. For plans with a specialty tier, this change will not affect the cost of your medication. To find out how your plan covers these medications as of <July 1, 2017>, please check your enrollment materials or view your plan's drug list on myCigna.com.

^ These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

^^ This is a Step Therapy medication. In Step Therapy, you need to try the most cost-effective, appropriate medications available before your plan approves more expensive brand name medications. You should talk with your doctor to see which covered alternative medication may be right for you. If your doctor wants you to continue to take this medication, your plan will only cover it if your doctor requests and receives approval from Cigna.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Health Management, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.