

PRESCRIPTION DRUG LIST CHANGES



Cigna Pharmacy Management®

2019

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

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

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

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST

Start date of change ¹	Drug class	Medication(s) moving to preferred brand	
January 1, 2019	AIDS/HIV	Atripla	
		Biktarvy	
		Descovy	
		Genvoya	
		Intelence	
		Tivicay	
		Triumeq	
		Viread	
	GASTROINTESTINAL/HEARTBURN	Amitiza	
		Linzess	
Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)
January 1, 2019	CONTRACEPTION PRODUCTS	Beyaz ⁺⁺	drospirenone-ethinyl estradiol/levomefolate, Rajani
	DIURETICS	Edecrin ⁺⁺	bumetanide, furosemide, torsemide
	NUTRITIONAL/DIETARY	K-Tab ER ⁺⁺	Klor-Con, potassium chloride
	PAIN RELIEF AND INFLAMMATORY DISEASE	Colcrys ⁺	colchicine
	TRANSPLANT MEDICATIONS	Neoral ⁺	cyclosporine modified ⁺ , Gengraf ⁺
		Prograf 1mg capsule ⁺	tacrolimus ⁺
Rapamune 0.5, 1, 2mg tablets		sirolimus ⁺	

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

Together, all the way.®



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

Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.
	PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral ^{^^^}	
		Actiq ^{^^^}	
		Fentanyl ^{^^^}	
		Fentora ^{^^^}	
		Lazanda ^{^^^}	
		Subsys ^{^^^}	
	SEIZURE DISORDERS	Aptiom ^{^^}	
		Banzel ^{^^}	
		Briviact tablet, solution ^{^^}	
		Fycompa ^{^^}	
		Oxtellar XR ^{^^}	
		Spritam ^{^^}	
		Vimpat tablet, solution ^{^^}	
Start date of change ¹	Drug class	Medication(s) with a quantity limit	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
	DIABETES	Orkambi	
		Adlyxin	
	GASTROINTESTINAL/HEARTBURN	Byetta	
		Dexilant DR 30mg capsule ^{^^^^}	
		esomeprazole DR cap ^{^^^^}	
	INFECTIONS	Nexium DR packet ^{^^^^}	
		Difcid	
Start date of change ¹	Drug class	Medication(s) with an age requirement	Additional information
January 1, 2019	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER ^{^^^^^}	Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
		Adzenys XR-ODT ^{^^^^^}	
		Daytrana ^{^^^^^}	
		Dyanavel XR ^{^^^^^}	
		Quillichew ER ^{^^^^^}	
		Quillivant XR ^{^^^^^}	
		Vyvanse chewable ^{^^^^^}	
Start date of change ¹	Drug class	Medication(s) being added to the Step Therapy Program ^{***}	Generic and/or preferred brand alternative(s)
January 1, 2019	ERECTILE DYSFUNCTION	Cialis 2.5, 10, 20mg	tadalafil, sildenafil
Start date of change ¹	Drug class	Medication(s) not covered*	Generic and/or preferred brand alternative(s)
January 1, 2019	AIDS/HIV	Crixivan ^{*****}	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
		Norvir 100mg tab	ritonavir 100mg tab
		Reyataz capsule	atazanavir capsule

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

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

Start date of change ¹	Drug class	Medication(s) not covered*	Generic and/or preferred brand alternative(s)	
January 1, 2019	AIDS/HIV (cont)	Viracept*****	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.	
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR**, Aptensio XR**, Concerta**, Focalin XR**, Ritalin LA**	dexmethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA, Vyvanse	
	CHOLESTEROL MEDICATIONS	Livalo**	atorvastatin, fluvastatin ER, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	
		Praluent**	Repatha	
	SEIZURE DISORDERS	Kepra***	levetiracetam	
		Kepra XR***	levetiracetam ER	
		Lamictal***, Lamictal (blue, green, orange)***	lamotrigine	
		Lamictal ODT***, Lamictal ODT (blue, green, orange)***	lamotrigine ODT	
		Lamictal XR****, Lamictal XR (blue, green, orange)****	lamotrigine ER	
		Qudexy XR***, Trokendi XR***	topiramate ER	
		Sabril***	vigabatrin	
		Topamax***	topiramate	
	Trileptal***	oxcarbazepine		
	SKIN CONDITIONS	Acanya, Aczone, Aktipak, Atralin, Avita, Azelex, Differin, Epiduo, Epiduo Forte, Fabior, Onexton, Retin-A, Retin-A Micro, Tazorac, Tretin-X, Veltin	adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone	
		acyclovir ointment, Denavir	acyclovir tablet, famciclovir tablet, valacyclovir tablet	
		doxepin 5% cream	Ala-Cort, alclometasone, amcinonide, Apexicon E, betamethasone, clobetasol, clocortolone, Clodan, desonide	
		Exelderm	econazole, ketoconazole, oxiconazole	
	Start date of change ¹	Drug class	Excluded medications	Additional information
	January 1, 2019	VITAMIN D SUPPLEMENTS	Baby Ddrops	Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement.
			Baby Vitamin D3	
Bio-D-Mulsion				
Bio-D-Mulsion Forte				
Children's Vitamin D3				
D3-2000				
Ddrops				
Decara				

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

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

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

VALUE PRESCRIPTION DRUG LIST

Start date of change ¹	Drug class	Medication(s) moving to preferred brand	
January 1, 2019	AIDS/HIV	Aptivus	
		Biktarvy	
		Descovy	
		Genvoya	
		Tivicay	
		Triumeq	
		Truvada	
		Viread	
	GASTROINTESTINAL/HEARTBURN	Amitiza	
		Linzess	
Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)
January 1, 2019	CONTRACEPTION PRODUCTS	Beyaz ⁺⁺	drospirenone-ethinyl estradiol/ levomefolate, Rajani
	TRANSPLANT MEDICATIONS	Prograf 1mg capsule ⁺	tacrolimus ⁺
		Rapamune 1, 2mg tablet ⁺	sirolimus ⁺

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

VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.
	PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral ^{^^^}	
		Actiq ^{^^^}	
		Fentanyl ^{^^^}	
		Fentora ^{^^^}	
		Lazanda ^{^^^}	
		Subsys ^{^^^}	
	SEIZURE DISORDERS	Aptiom ^{^^}	
		Banzel ^{^^}	
		Briviact ^{^^}	
		Fycompa ^{^^}	
		Oxtellar XR ^{^^}	
		Spritam ^{^^}	
		Vimpat ^{^^}	
Start date of change ¹	Drug class	Medication(s) with a quantity limit [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
		Orkambi	
	DIABETES	Byetta	
	INFECTIONS	Difcid	
Start date of change ¹	Drug class	Medication(s) with an age requirement [^]	Additional information
January 1, 2019	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Daytrana ^{^^^^}	Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
		Quillivant XR ^{^^^^}	
Start date of change ¹	Drug class	Medication(s) being added to the Step Therapy Program ^{***}	Generic and/or preferred brand alternative(s)
January 1, 2019	ERECTILE DYSFUNCTION	Cialis 2.5, 10, 20mg	tadalafil, sildenafil

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

VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) not covered*	Generic and/or preferred brand alternative(s)
January 1, 2019	AIDS/HIV	Crixivan*****	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
		Norvir 100mg tablet	ritonavir 100mg tablet
		Reyataz capsule	atazanavir capsule
		Viracept*****	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR**, Adzenys ER**, Adzenys XR-ODT**, Aptensio XR **, Concerta**, Dyanavel XR**, Focalin XR**, Quillichew ER**, Ritalin LA**	dexmethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA
	CHOLESTEROL MEDICATIONS	Praluent**	Repatha
	SEIZURE DISORDERS	Kepra***	levetiracetam
		Kepra XR***	levetiracetam ER
		Lamictal***, Lamictal (blue, green, orange)***	lamotrigine
		Lamictal ODT***, Lamictal ODT (blue, green, orange)***	lamotrigine ODT
		Lamictal XR****, Lamictal XR (blue, green, orange)****	lamotrigine ER
		Qudexy XR***, Trokendi XR***	topiramate ER
		Sabril***	vigabatrin
		Topamax***	topiramate
		Trileptal***	oxcarbazepine
	SKIN CONDITIONS	acyclovir 5% ointment, Denavir	acyclovir tablet, famciclovir, valacyclovir
		Aczone, Aktipak	adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone
		doxepin 5% cream	Ala-Cort, alclometasone, amcinonide, ApexiCon E, betamethasone, clobetasol, clocortolone, Clodan shampoo, desonide, desoximetasone
		Exelderm	econazole, ketoconazole, oxiconazole
Start date of change ¹	Drug class	Excluded medications	Additional information
January 1, 2019	VITAMIN D SUPPLEMENTS	Baby Ddrops	Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement.
		Baby Vitamin D3	
		Bio-D-Mulsion	
		Bio-D-Mulsion Forte	
		Children's Vitamin D3	
		D3-2000	

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

VALUE PRESCRIPTION DRUG LIST (cont)

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

LEGACY (STANDARD) PRESCRIPTION DRUG LIST

Start date of change ¹	Drug class	Medication(s) moving to preferred brand	
January 1, 2019	AIDS/HIV	Atripla Biktarvy Descovy Genvoya Intelence Tivicay Triumeq Viread	
	GASTROINTESTINAL/HEARTBURN	Amitiza Linzess	
Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)
January 1, 2019	AIDS/HIV	Rescriptor ⁺ Videx ⁺ Videx EC 125mg ⁺	Talk with your doctor to find out if there's a lower-cost alternative that will work for you. Talk with your doctor to find out if there's a lower-cost alternative that will work for you. didanosine DR
	CHOLESTEROL MEDICATIONS	Praluent ^{+,**}	Repatha ⁺

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

LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)
January 1, 2019	CONTRACEPTION PRODUCTS	Beyaz ⁺⁺	drosiprone-ethinyl estradiol/levomefolate, Rajani
	DIURETICS	Edecrin ⁺⁺	bumetanide, ethacrynic acid, furosemide, torsemide
	NUTRITIONAL/DIETARY	K-Tab ER ⁺⁺	Klor-Con, potassium chloride
	PAIN RELIEF AND INFLAMMATORY DISEASE	Indocin	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, Fenortho, flurbiprofen, ibuprofen, indomethacin, indomethacin ER, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam
	SKIN CONDITIONS	Denavir	acyclovir tablet, famciclovir, valacyclovir
		Exelderm	econazole, ketoconazole, oxiconazole
		Oxistat	ketoconazole, oxiconazole
	TRANSPLANT MEDICATIONS	Neoral 100mg capsule ⁺	cyclosporine modified ⁺ , Gengraf ⁺
		Prograf 1mg capsule ⁺	tacrolimus ⁺
		Rapamune tablet ⁺	sirolimus ⁺
Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.
	INFECTIONS	Baxdela	
		Abstral ^{^^^}	
		Actiq ^{^^^}	
		Fentanyl ^{^^^}	
		Fentora ^{^^^}	
		Lazanda ^{^^^}	
		Subsys ^{^^^}	
	SEIZURE DISORDERS	Aptiom ^{^^}	
		Banzel ^{^^}	
		Briviact ^{^^}	
		Fycompa ^{^^}	
		Oxtellar XR ^{^^}	
		Spritam ^{^^}	
		Vimpat ^{^^}	
Start date of change ¹		Drug class	Medication(s) with a quantity limit [^]
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
		Orkambi	
	DIABETES	Adlyxin	
		Byetta	
	GASTROINTESTINAL/HEARTBURN	Dexilant DR capsule ^{^^^^}	
		esomeprazole DR cap ^{^^^^}	
	Nexium DR packet ^{^^^^}		
	Prevacid 15mg SoluTab ^{^^^^}		

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

LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) with a quantity limit [^]	Additional information
January 1, 2019	INFECTIONS SKIN CONDITIONS	Difcid	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
		acyclovir 5% ointment	
		doxepin 5% cream	
		Prudoxin	
		Xerese	
		Zonalon Zovirax cream, ointment	
Start date of change ¹	Drug class	Medication(s) with an age requirement [^]	Additional information
January 1, 2019	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER ^{^^^^}	Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
		Adzenys XR-ODT ^{^^^^}	
		Cotempla XR-ODT ^{^^^^}	
		Daytrana ^{^^^^}	
		Dyanavel XR ^{^^^^}	
		Quillichew ER ^{^^^^}	
		Quillivant XR ^{^^^^} Vyvanse chewable tablets ^{^^^^}	
Start date of change ¹	Drug class	Medication(s) being added to the Step Therapy Program ⁺⁺⁺	Generic and/or preferred brand alternative(s)
January 1, 2019	ERECTILE DYSFUNCTION	Cialis 2.5, 10, 20mg	tadalafil, sildenafil
Start date of change ¹	Drug class	Excluded medications	Additional information
January 1, 2019	VITAMIN D SUPPLEMENTS	Baby Ddrops	Your plan doesn't cover Vitamin D supplements because they're available over-the-counter. Also, your plan no longer needs to cover them at 100%, or no cost-share (\$0) to you under PPACA's preventive services requirement.
		Baby Vitamin D3	
		Bio-D-Mulsion	
		Bio-D-Mulsion Forte	
		Children's Vitamin D3	
		D3-2000	
		Ddrops	
		Decara	
		Delta D3	
		Dialyvite Vitamin D	
		Dialyvite Vitamin D3 Max	
		D-Vi-Sol	
		Just D	
		Kids Vitamin D3	
		Maximum D3	
		Pedia D-Vite	
		Replesta	
Replesta NX			
Super Daily D3			
Thera-D			

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LEGACY (STANDARD) PRESCRIPTION DRUG LIST (cont)

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

PERFORMANCE PRESCRIPTION DRUG LIST

Start date of change ¹	Drug class	Medication(s) moving to preferred brand
January 1, 2019	AIDS/HIV	Atripla Biktarvy Descovy Genvoya Intelence Tivicay Triumeq Viread
	GASTROINTESTINAL/HEARTBURN	Amitiza Linzess

Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)
January 1, 2019	CONTRACEPTION PRODUCTS	Beyaz ⁺⁺	drospirenone-ethinyl estradiol/levomefolate, Rajani
	DIURETICS	Edecrin ⁺⁺	bumetanide, furosemide, torsemide
	NUTRITIONAL/DIETARY	K-Tab ER 20 mEq ⁺⁺	Klor-Con, potassium chloride
	TRANSPLANT MEDICATIONS	Neoral 100mg capsule ⁺ Prograf 1mg capsule ⁺ Rapamune 0.5, 1, 2mg tablets ⁺	cyclosporine modified ⁺ , Gengraf ⁺ tacrolimus ⁺ sirolimus ⁺

Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.
	BLOOD MODIFIERS/BLEEDING DISORDERS	Ceprotrin Coagadex Profilnine 1500 unit vial	
	CANCER	Arzerra 100mg/5ml vial docetaxel 200mg/10ml vial Evomela Lartruvo Metastron Quadramet Zevalin	

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PERFORMANCE PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information		
January 1, 2019	HORMONAL AGENTS	Zilretta	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.		
	MISCELLANEOUS	BAL in Oil			
		calcium disodium versenate			
		Vizamyl			
	PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral ^{^^^}			
		Actiq ^{^^^}			
		Fentanyl ^{^^^}			
		Fentora ^{^^^}			
		Hyalgan vial			
		Lazanda ^{^^^}			
		Subsys ^{^^^}			
	SEIZURE DISORDERS	Aptiom ^{^^}			
		Banzel ^{^^}			
		Briviact ^{^^}			
		Fycompa ^{^^}			
		Oxtellar XR ^{^^}			
		Spritam ^{^^}			
Vimpat ^{^^}					
Start date of change ¹	Drug class	Medication(s) with a quantity limit [^]	Additional information		
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.		
		Orkambi			
	DIABETES	Adlyxin			
		Byetta			
	GASTROINTESTINAL/HEARTBURN	Dexilant DR capsule ^{^^^^}			
		esomeprazole DR cap ^{^^^^}			
		Nexium DR packet ^{^^^^}			
	INFECTIONS	Difucid			
	Start date of change ¹	Drug class		Medication(s) with an age requirement [^]	Additional information
	January 1, 2019	ATTENTION DEFICIT HYPERACTIVITY DISORDER		Adzenys ER ^{^^^^^}	Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
Adzenys XR-ODT ^{^^^^^}					
Daytrana ^{^^^^^}					
Dyanavel XR ^{^^^^^}					
Quillichew ER ^{^^^^^}					
Quillivant XR ^{^^^^^}					
Vyvanse chewable ^{^^^^^}					

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

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

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

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

PERFORMANCE PRESCRIPTION DRUG LIST (cont)

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

ADVANTAGE PRESCRIPTION DRUG LIST

Start date of change ¹	Drug class	Medication(s) moving to preferred brand	
January 1, 2019	AIDS/HIV	Biktarvy Descovy Genvoya Tivicay Triumeq Viread	
	GASTROINTESTINAL/HEARTBURN	Amitiza Linzess	
Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)
January 1, 2019	CONTRACEPTION PRODUCTS	Beyaz ⁺⁺	drospirenone-ethinyl estradiol/ levomefolate, Rajani
	TRANSPLANT MEDICATIONS	Prograf 1mg capsule ⁺ Rapamune 1, 2mg tablets ⁺	tacrolimus ⁺ sirolimus ⁺

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

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.
	BLOOD MODIFIERS/BLEEDING DISORDERS	Ceprotrin	
		Coagadex	
		Profilnine 1500 unit vial	
	CANCER	Arzerra 100mg/5ml vial	
		docetaxel 200mg/10ml vial	
		Evomela	
		Lartruvo	
		Metastron	
		Quadramet	
		Zevalin	
	HORMONAL AGENTS	Zilretta	
	MISCELLANEOUS	BAL in Oil	
		calcium disodium versenate	
		Vizamyl	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral ^{^^^}	
		Actiq ^{^^^}	
		Fentanyl ^{^^^}	
		Fentora ^{^^^}	
		Hyalgan	
		Lazanda ^{^^^}	
		Subsys ^{^^^}	
	SEIZURE DISORDERS	Aptiom ^{^^}	
		Banzel ^{^^}	
		Briviact ^{^^}	
		Fycompa ^{^^}	
		Oxtellar XR ^{^^}	
		Spritam ^{^^}	
		Vimpat ^{^^}	
	Start date of change ¹	Drug class	
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
		Orkambi	
	DIABETES	Adlyxin	
		Byetta	
	GASTROINTESTINAL/HEARTBURN	Nexium DR packet	
	INFECTIONS	Difcid	

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

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) with an age requirement [^]	Additional information
January 1, 2019	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Daytrana ^{^^^}	Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
		Quillivant XR ^{^^^}	
Start date of change ¹	Drug class	Medication(s) being added to the Step Therapy Program ^{***}	Generic and/or preferred brand alternative(s)
January 1, 2019	ERECTILE DYSFUNCTION	Cialis 2.5, 10, 20mg	tadalafil, sildenafil
Start date of change ¹	Drug class	Medication(s) not covered [*]	Generic and/or preferred brand alternative(s)
January 1, 2019	AIDS/HIV	Crixivan ^{*****}	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
		Norvir 100mg tablet	ritonavir 100mg tablet
		Reyataz capsule	atazanavir capsule
		Viracept ^{*****}	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR ^{**} , Adzenys ER ^{**} , Adzenys XR-ODT ^{**} , Aptensio XR ^{**} , Concerta ^{**} , Dyanavel XR ^{**} , Focalin XR ^{**} , Quillichew ER ^{**} , Ritalin LA ^{**}	dexmethylphenidate ER, dextroamphetamine-amphetamine ER, methylphenidate CD, methylphenidate ER, methylphenidate LA
	CHOLESTEROL MEDICATIONS	Praluent ^{**}	Repatha
	SEIZURE DISORDERS	Kepra ^{***}	levetiracetam
		Kepra XR ^{***}	levetiracetam
		Lamictal ^{***} , Lamictal (blue, green, orange) ^{***}	lamotrigine
		Lamictal ODT ^{***} , Lamictal ODT (blue, green, orange) ^{***}	lamotrigine ODT
Lamictal XR ^{****} , Lamictal XR (blue, green, orange) ^{****}		lamotrigine ER	
Qudexy XR ^{***} , Trokendi XR ^{***}		topiramate ER	
Sabril ^{***}		vigabatrin	
Topamax ^{***}	topiramate		
Trileptal ^{***}	oxcarbazepine		
SKIN CONDITIONS	acyclovir 5% ointment, Denavir	acyclovir tablet, famciclovir, valacyclovir	
	Aczone, Aktipak	adapalene, adapalene-benzoyl peroxide, Avar, Avar-E, Avar-E green, BenzePrO, BP 10-1, Clindacin ETZ, Clindacin P, clindamycin, clindamycin-benzoyl peroxide, clindamycin-tretinoin, dapsone	

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

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

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

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

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST

Start date of change ¹	Drug class	Medication(s) moving to preferred brand		
January 1, 2019	AIDS/HIV	Atripla		
		Biktarvy		
		Descovy		
		Genvoya		
		Intelence		
		Tivicay		
		Triumeq		
		Viread		
	GASTROINTESTINAL/HEARTBURN	Amitiza		
		Linzess		
Start date of change ¹	Drug class	Medication(s) moving to non-preferred brand	Generic and/or preferred brand alternative(s)	
January 1, 2019	AIDS/HIV	Rescriptor ⁺	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.	
		Videx ⁺	Talk with your doctor to find out if there's a lower-cost alternative that will work for you.	
	CHOLESTEROL MEDICATIONS	Praluent ^{+,**}	Repatha ⁺	
	CONTRACEPTION PRODUCTS	Beyaz ⁺⁺	drospirenone-ethinyl estradiol/levomefollate, Rajani	
	TRANSPLANT MEDICATIONS	Prograf 1mg capsule ⁺	tacrolimus ⁺	
		Rapamune 0.5, 1, 2mg tablets ⁺	sirolimus ⁺	
Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information	
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.	
	BLOOD MODIFIERS/BLEEDING DISORDERS	Ceprotrin		
		Coagadex		
		Profilnine		
	CANCER	Arzerra		
		docetaxel		
		Evomela		
		Lartruvo		
		Metastron		
		Quadramet		
	HORMONAL AGENTS	Zelretta		
		INFECTIOUS		Baxdela tablet
				MISCELLANEOUS
	calcium disodium versenate			
	Vizamyl			

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

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

Start date of change ¹	Drug class	Medication(s) that need approval (prior authorization) [^]	Additional information
January 1, 2019	PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral ^{^^^}	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1 st , ask the office to contact us soon so we can start the coverage review process.
		Actiq ^{^^^}	
		Fentanyl ^{^^^}	
		Fentora ^{^^^}	
		Hyalgan vial	
		Lazanda ^{^^^}	
		Subsys ^{^^^}	
	SEIZURE DISORDERS	Aptiom ^{^^}	
		Banzel ^{^^}	
		Briviact tablet, solution ^{^^}	
		Fycompa ^{^^}	
		Oxtellar XR ^{^^}	
		Spritam ^{^^}	
		Vimpat tablet, solution ^{^^}	
Start date of change ¹	Drug class	Medication(s) with a quantity limit [^]	Additional information
January 1, 2019	ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
		Orkambi	
	DIABETES	Adlyxin	
		Byetta	
	GASTROINTESTINAL/HEARTBURN	Dexilant DR capsule ^{^^^^}	
		esomeprazole DR cap ^{^^^^}	
		Nexium DR packet ^{^^^^}	
		Prevacid 15mg SoluTab ^{^^^^}	
	INFECTIONS	Difcid	
	SKIN CONDITIONS	acyclovir ointment	
		doxepin 5% cream, Prudoxin, Zonalon	
		Xerese	
		Zovirax cream, ointment	
	Start date of change ¹	Drug class	
January 1, 2019	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER ^{^^^^^}	Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
		Adzenys XR-ODT ^{^^^^^}	
		Cotempla XR-ODT ^{^^^^^}	
		Daytrana ^{^^^^^}	
		Dyanavel XR ^{^^^^^}	
		Quillichew ER ^{^^^^^}	
		Quillivant XR ^{^^^^^}	
Vyvanse chewable ^{^^^^^}			

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

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

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

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

1. State laws in Texas and Louisiana may require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

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

^{††} Please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers this brand name medication. For some plans, if you fill a prescription for a brand name medication instead of the available generic (even though your doctor's OK with the generic), you'll pay a higher amount. You'll pay your generic (or brand) copay or coinsurance plus the difference in cost between the brand medication and the generic. It's important to know that only the generic medication cost or generic copay will apply to your deductible and/or out-of-pocket maximum (if your plan requires you to pay this higher amount). The difference between the brand name cost and generic cost won't apply. Some plans don't require you to pay this higher amount when you fill a brand name medication. For example, your plan may only require you to pay your brand copay or coinsurance if your doctor writes "Dispense as Written" on your prescription and he/she requests that the pharmacist fill the brand name medication (not the available generic alternative).

^{†††} This is a Step Therapy medication. Step Therapy medications aren't covered by your plan without approval from Cigna. Your plan requires you to try a lower-cost alternative first. Typically, these are generics or lower-cost preferred brands.

[^] These changes may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits and/or age. Starting January 1st, please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers these medications.

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

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

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

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

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

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

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

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

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

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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