

PRESCRIPTION DRUG LIST CHANGES



Cigna Pharmacy Management®

2021

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 the change starts and by the type of change that's taking place. Medications are then listed alphabetically by drug class.

If you have Cigna-administered pharmacy benefits and you're affected by one of these changes, we'll send you a letter with specific information on next steps.

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2021	ASTHMA/COPD/RESPIRATORY	Bevespi	
	DIABETES	Baqsimi	
	GASTROINTESTINAL/HEARTBURN	Pancreaze	
	INFECTIONS	Epclusa, Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Taltz	
Start date of change ^{*,**}	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Intelence ¹	Talk to your doctor about other alternatives
	BLOOD MODIFIERS/BLEEDING DISORDERS	Amicar 0.25 g/ml oral solution ¹	aminocaproic acid 0.25g/ml oral solution
	BLOOD PRESSURE/HEART MEDICATIONS	Multaq, Norpace CR 150mg	Talk to your doctor about other alternatives
	CANCER	Tabloid	Talk to your doctor about other alternatives
	ERECTILE DYSFUNCTION	Caverject Impulse Syringe	MUSE
	EYE CONDITIONS	Lotemax 0.5% drops	loteprednol 0.5% drops
	HORMONAL AGENTS	Armour Thyroid, Synthroid, Unithroid	levothyroxine
	INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
	SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
	SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
	WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625ml/5ml oral suspension

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 ^{*,**}	Drug class	Medications that will need approval (prior authorization) [^]	
January 1, 2021	BLOOD THINNERS/ANTI-CLOTTING	Eliquis ⁴ , Pradaxa ⁴ , Savaysa ⁴ , Xarelto ⁴	
	PAIN RELIEF AND INFLAMMATORY DISEASE	diclofenac 1.3% patch, Flector 1.3% patch ⁵ , Voltaren 1% gel ⁵	
Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives
January 1, 2021	ASTHMA/COPD/RESPIRATORY	ProAir HFA ⁷ , ProAir RespiClick ⁷ , Ventolin HFA ⁷	albuterol HFA
	DIABETES	Kombiglyze XR ⁸ , Onglyza ⁸	metformin, Janumet, Janumet XR, Januvia
	EYE CONDITIONS	Lumigan ⁷ , Travatan Z, Xalatan, Xelpros, Zioptan ⁹	bimatoprost, latanoprost, travoprost
	GASTROINTESTINAL/HEARTBURN	Creon ⁷ , Pertzye, Zenpep ⁷	Pancreaze
		Motegrity, Trulance ⁷ , Zelnorm	Amitiza, Linzess
		Sensipar	cinacalcet
	HORMONAL AGENTS	TaperDex	dexamethasone 1.5mg tablet
	INFECTIONS	Baraclude	entecavir tablet
		Noxafil tablet	posaconazole DR 100mg tablet
	MULTIPLE SCLEROSIS	Ampyra ER ⁷	dalfampridine ER
	NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge	generic triptans (e.g. naratriptan; sumatriptan)
		butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
		Cosentyx ¹⁰	Enbrel, Humira, Otezla, Stelara, Taltz
		Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)
	SEIZURE DISORDERS	Felbatol ¹¹	felbamate
		Kepra/Kepra XR ¹¹	levetiracetam/levetiracetam ER
		Lamictal XR Start Kit ¹¹	lamotrigine ER
		Lamictal/ODT/XR ¹¹	lamotrigine, lamotrigine ER, lamotrigine ODT
		Qudexy XR ¹¹ , Trokendi XR ¹¹	topiramate ER
		Sabril ¹¹	vigabatrin, vigadrone
		Topamax ¹¹	topiramate
		Trileptal ¹¹	oxcarbazepine
	SKIN CONDITIONS	Zonegran ¹¹	zonisamide
		Apexicon E ⁵ , diflorasone, Impoyz ⁵ , Olux ⁵ , Olux-E ⁵ , psorcon	betamethasone, clobetasol, halobetasol
		Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution
		Cordran ⁵	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol

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**	Drug class	Medications that will no longer be covered^^	Generic and/or preferred brand alternatives
January 1, 2021	SKIN CONDITIONS (cont)	Finacea Foam ⁷ , Finacea Gel, MetroCream, MetroGel, MetroLotion, Soolantra ¹²	azelaic acid, topical metronidazole
		flurandrenolide, hydrocortisone butyrate lipid cream, lotion ⁵ , Pandel ⁵	betamethasone, fluocinolone, fluticasone
		Sorilux	calcitriol, tazarotene, topical calcipotriene
		Tridesilon ⁵	alclometasone, desonide, triamcinolone
		Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo
	URINARY TRACT CONDITIONS	Procysbi ⁴	Cystagon
Start date of change**	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

VALUE FORMULARY

Start date of change**	Drug class	Medications moving to preferred brand	
January 1, 2021	DIABETES	Baqsimi	
	GASTROINTESTINAL/HEARTBURN	Pancreaze	
	INFECTIONS	Epclusa, Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Ajovy ¹³ , Emgality ¹³ , Taltz	
	SEIZURE DISORDERS	Vimpat	
	URINARY TRACT CONDITIONS	Cystagon	
Start date of change**	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Intencele ¹	Talk to your doctor about other alternatives
	ERECTILE DYSFUNCTION	Caverject Impulse Syringe	MUSE
	HORMONAL AGENTS	Unithroid 75mcg tablet	levothyroxine
	INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
	SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
	SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
	WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625ml/5ml oral suspension
Start date of change**	Drug class	Medications that will need approval (prior authorization)^	
January 1, 2021	BLOOD THINNERS/ANTI-CLOTTING	Eliquis ⁴ , Pradaxa ⁴ , Savaysa ⁴ , Xarelto ⁴	
	HORMONAL AGENTS	Tirosint, Tirosint-Sol	

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

VALUE FORMULARY (cont)

Start date of change**	Drug class	Medications that will no longer be covered^^	Generic and/or preferred brand alternatives
January 1, 2021	ASTHMA/COPD/RESPIRATORY	Advair HFA ⁷ , Breo Ellipta ⁷	Dulera, fluticasone-salmeterol (generic Advair Diskus), fluticasone-salmeterol (generic Airduo), Symbicort, Wixela Inhub
		ProAir HFA ⁷ , ProAir RespiClick ⁷	albuterol HFA
	CONTRACEPTION PRODUCTS	Balcoltra, Natazia, Slynd, Taytulla	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)
	DIABETES	GlucaGen HypoKit ⁷ , Gvoke	Baqsimi, Glucagon Emergency Kit
	EYE CONDITIONS	Cequa, Restasis MultiDose ⁷ , Xiidra ⁷	Restasis
		Travatan Z, Xalatan, Xelpros, Zioptan ⁹	bimatoprost, latanoprost, travoprost
	GASTROINTESTINAL/HEARTBURN	Creon ⁷ , Pertzye, Zenpep ⁷	Pancreaze
		Linzess ⁷ , Motegrity, Trulance ⁷ , Zelnorm	Amitiza
		Sensipar	cinacalcet
	HORMONAL AGENTS	TaperDex	dexamethasone 1.5mg tablet
	INFECTIONS	Baraclude	entecavir tablet
		Noxafil tablet	posaconazole DR 100mg tablet
	MULTIPLE SCLEROSIS	Ampyra ER ⁷	dalfampridine ER
	NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge	generic triptans (e.g. naratriptan; sumatriptan)
		butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
		Cosentyx ¹⁰	Enbrel, Humira, Otezla, Stelara, Taltz
		diclofenac 1.3% patch, Flector 1.3% patch ⁵ , Voltaren 1% gel ⁵	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)
		Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)
	SEIZURE DISORDERS	Felbatol ¹¹	felbamate
		Keppra/Keppra XR ¹¹	levetiracetam/levetiracetam ER
		Lamictal XR Start Kit ¹¹	lamotrigine ER
		Lamictal/ODT/XR ¹¹	lamotrigine, lamotrigine ER, lamotrigine ODT
		Qudexy XR ¹¹ , Trokendi XR ¹¹	topiramate ER
		Sabril ¹¹	vigabatrin, vigadrone
		Topamax ¹¹	topiramate
		Trileptal ¹¹	oxcarbazepine
	Zonegran ¹¹	zonisamide	
	SKIN CONDITIONS	Apexicon E ⁵ , diflorasone, Impoyz ⁵ , Olux ⁵ , Olux-E ⁵ , Psorcon	betamethasone, clobetasol, halobetasol
		Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution

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

VALUE FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives
January 1, 2021	SKIN CONDITIONS (cont)	Cordran ⁵	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol
		Finacea foam, Finacea gel, MetroCream, MetroGel, MetroLotion, Soolantra ¹²	azelaic acid, topical metronidazole
		flurandrenolide, hydrocortisone butyrate lipid cream, Lotion ⁵ , Pandel ⁵	betamethasone, fluocinolone, fluticasone
		Tridesilon ⁵	aldometasone, desonide, triamcinolone
		Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo
	URINARY TRACT CONDITIONS	Procysbi ⁴	Cystagon
Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	ALLERGY/NASAL SPRAYS	Beconase AQ, flunisolide, mometasone, Nasonex, Omnaris, Qnasl, Qnasl Children, Xhance, Zetonna	generics products available over-the-counter (e.g. budesonide, fluticasone)
	ALLERGY/NASAL SPRAYS	fluticasone 50 mcg spray	generics products available over-the-counter (e.g. budesonide)
	EYE CONDITIONS	azelastine, Bepreve, epinastine, Lastacraft, Pazeo, Zerviate	products available over-the-counter (e.g. Alaway, Pataday)
	SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

LEGACY (STANDARD) FORMULARY

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2021	ASTHMA/COPD/RESPIRATORY	Bevespi	
	DIABETES	Baqsimi	
	GASTROINTESTINAL/HEARTBURN	pancreaze	
	INFECTIONS	Epclusa	
		Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Taltz	
Start date of change ^{*,**}	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Intence ¹	Talk to your doctor about other alternatives
	ASTHMA/COPD/RESPIRATORY	ProAir HFA, ProAir RespiClick, Ventolin HFA	albuterol HFA
	BLOOD MODIFIERS/BLEEDING DISORDERS	Amicar 0.25 g/ml oral solution ¹	aminocaproic acid 0.25g/ml oral solution
	BLOOD PRESSURE/HEART MEDICATIONS	MULTAQ, Norpace CR 150mg	Talk to your doctor about other alternatives
	CANCER	Tabloid	Talk to your doctor about other alternatives
	DIABETES	Kombiglyze XR ¹⁴ , Onglyza ¹⁴	metformin, Janumet, Janumet XR, Januvia
	ERECTILE DYSFUNCTION	Caverject Impulse Syringe ¹	MUSE

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

LEGACY (STANDARD) FORMULARY (cont)

Start date of change**	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	EYE CONDITIONS	Lotemax 0.5% drops	loteprednol 0.5% drops
		Lumigan	bimatoprost, latanoprost, travoprost
	GASTROINTESTINAL/HEARTBURN	Creon, Zenpep	Pancreaze
		Trulance	Amitiza, Linzess
	HORMONAL AGENTS	Armour Thyroid, Synthroid, Unithroid	levothyroxine
	INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
	MULTIPLE SCLEROSIS	Ampyra ER	dalfampridine ER
	PAIN RELIEF AND INFLAMMATORY DISEASE	Cosentyx ⁵	Enbrel, Humira, Otezla, Stelara, Taltz
	SEIZURE DISORDERS	Lamictal XR Start Kit	lamotrigine ER
		Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
		Qudexy XR, Trokendi XR	topiramate ER
		Sabril	vigabatrin, vigadrone
	SKIN CONDITIONS	Finacea foam, Soolantra ¹⁴	azelaic acid, topical metronidazole
		Psorcon	betamethasone, clobetasol, halobetasol
SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo	
SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv	
WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625ml/5ml oral suspension	
Start date of change**	Drug class	Medications that will need approval (prior authorization)^	
January 1, 2021	ALLERGY/NASAL SPRAYS	carbinoxamine, EpiPen, EpiPen Jr, RyVent	
	ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil, Aplenzin, Ativan, Cymbalta, Lexapro, Pamelor, Parnate, Pexeva, Tofranil, Wellbutrin XL	
	ASTHMA/COPD/RESPIRATORY	Elixophyllin, Proventil HFA, Zflo, Zflo CR	
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Desoxyn, Dexedrine	
	BLOOD PRESSURE/HEART MEDICATIONS	Betapace, Cardizem, Cardizem CD, Consensi, Isordil, Isordil Titradoso, Lanoxin	
	BLOOD THINNERS/ANTI-CLOTTING	Eliquis, Pradaxa, Savaysa, Xarelto, Yosprala	
	CANCER	Nilandron	
	CHOLESTEROL MEDICATIONS	Antara, Fenoglide, Lipitor	
	COUGH/COLD MEDICATIONS	benzonatate, TussiCaps	
	DIABETES	Fortamet, Glumetza, metformin ER Gastric, metformin ER Osmotic	
	DIURETICS	Edecrin	
	EYE CONDITIONS	Travatan Z, Vyzulta, Xalatan, Xelpros, Zioptan ⁹	
	GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository, Cortifoam, Librax, Lotronex, Marinol, Motegtrity, Nexium, Omeclamox-Pak, omeprazole, Pepcid suspension, tablet, Pertzye, Prevacid SoluTab, Pylera, Rowasa, Sensipar, Uceris rectal foam, Zegerid capsule, packet, Zelnorm, Zofran, Zuplenz	
	HORMONAL AGENTS	DDAVP nasal spray, solution, tablet, Dexpak, Rayos, TaperDex, Uceris tablet	
	INFECTIONS	Augmentin, Baraclude, Diflucan, Doryx, E.E.S. 200, EryPed 400, Meproin, Minocin, Mycobutin, Noxafil tablet, Oracea, Sitavig, Solodyn, Sporanox, Targadox, Valcyte, Vancocin, Vibramycin, Zovirax capsule, suspension, tablet	
	MISCELLANEOUS	Horizant	

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

LEGACY (STANDARD) FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will need approval (prior authorization) [^]	
January 1, 2021	NUTRITIONAL/DIETARY	PreGenna, Trinaz	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Allzital, Amerge, Amrix, BUPAP, Butalbital-acetaminophen 50-300mg tablet, Cambia, chlorzoxazone, ConZip, D.H.E.45, diclofenac 1.3% patch ⁵ , 1.5% topical solution, Duexis, Ergomar, Fenortho 200 mg capsule, Flector 1.3 % patch ⁵ , Frova, Gralise, Imitrex, Indocin, levorphanol, Lorzone, Maxalt, Maxalt MLT, Migranal, Naprelan, naproxen CR, Onzetra Xsail, Pennsaid, Relpax, roxicodone, Soriatane, Sprix, Tivorbex, Treximet, Vanatol LQ, Vimovo , Vivlodex, Voltaren 1% gel ⁵ , Zembrace Symtouch, Zipsor, Zomig, Zomig ZMT, Zorvolex	
	PARKINSON'S DISEASE	Lodosyn, Requip XL, Zelapar	
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	FazaClo, Geodon, Versacloz, Zyprexa, Zyprexa Zydis	
	SEIZURE DISORDERS	Mysoline	
	SKIN CONDITIONS	Aldara, Anusol-HC cream, Apexicon E ⁵ , Bensal HP, Benzacilin, Carac, Clindage, Clobex shampoo, spray, topical lotion, Condylox, Cordran ⁵ , Cutivate, diclofenac 3% gel, diflorasone, Ertaczo, Exelderm, Extina, Finacea gel, flurandrenolide, Halog cream, ointment, hydrocortisone butyrate lipid cream, lotion ⁵ , Impoyz ⁵ , Jublia, Kenalog 0.147 mg/gm spray, Kerydin, Locoid, Loprox 0.77% cream, 1% shampoo, Luzu, MetroCream, MetroGel, MetroLotion, Noritate, Olux ⁵ , Olux-E5, Oxistat, Pandel ⁵ , Penlac, Prudoxin, Sernivo, Sorilux, Trainex, Tridesilon ⁵ , Ultravate, Vanos, Verdeso, Vusion, Xerese, Xolegel, Ziana, Zonalon, Zovirax cream, ointment, Zyclara	
	SLEEP DISORDERS/SEDATIVES	Ambien, Ambien CR, Edular, Intermezzo, Nuvigil, Provigil, Restoril, Zolpimist	
	SUBSTANCE ABUSE	Evzio	
Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

PERFORMANCE FORMULARY

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2021	ASTHMA/COPD/RESPIRATORY	Bevespi	
	DIABETES	Baqsimi	
	GASTROINTESTINAL/HEARTBURN	Pancreaze	
	INFECTIONS	Epclusa, Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Taltz	
Start date of change ^{*,**}	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Intelence ¹	Talk to your doctor about other alternatives
	BLOOD PRESSURE/HEART MEDICATIONS	MULTAQ	Talk to your doctor about other alternatives
	EYE CONDITIONS	Lotemax 0.5% drops	loteprednol 0.5% drops
	HORMONAL AGENTS	Armour Thyroid, Synthroid, Unithroid	levothyroxine
	INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
	SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
	SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
	Probuphine	Talk to your doctor about other alternatives	

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

PERFORMANCE FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will need approval (prior authorization) [^]	
January 1, 2021	BLOOD THINNERS/ANTI-CLOTTING	Eliquis ⁴ , Pradaxa ⁴ , Savaysa ⁴ , Xarelto ⁴	
	PAIN RELIEF AND INFLAMMATORY DISEASE	diclofenac 1.3% patch, Flexor 1.3% patch ⁵ , Voltaren 1% gel ⁵	
Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives
January 1, 2021	ASTHMA/COPD/RESPIRATORY	ProAir HFA ⁷ , ProAir RespiClick ⁷ , Ventolin HFA ⁷	albuterol HFA
	DIABETES	Kombiglyze XR ⁸ , Onglyza ⁸	metformin, Janumet, Janumet XR, Januvia
	EYE CONDITIONS	Lumigan ⁷ , Travatan Z, Xalatan, Xelpros, Zioptan ⁹	bimatoprost, latanoprost, travoprost
	GASTROINTESTINAL/HEARTBURN	Creon ⁷ , Pertzye ⁷ , Zenpep ⁷	Pancreaze
		Motegrity, Trulance ⁷ , Zelnorm	Amitiza, Linzess
		Sensipar	cinacalcet
	HORMONAL AGENTS	TaperDex	dexamethasone 1.5mg tablet
	INFECTIONS	Baraclude	entecavir tablet
		Noxafil tablet	posaconazole DR 100mg tablet
	MULTIPLE SCLEROSIS	Ampyra ER ⁷	dalfampridine ER
	NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge, Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)
		butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
		Cosentyx ¹⁰	Enbrel, Humira, Otezla, Stelara, Taltz
	SEIZURE DISORDERS	Felbatol ¹¹	felbamate
		Keppra/Keppra XR ¹¹	levetiracetam/levetiracetam ER
		Lamictal XR Start Kit ¹¹	lamotrigine ER
		Lamictal/ODT/XR ¹¹	lamotrigine, lamotrigine ER, lamotrigine ODT
		Qudexy XR ⁶ , Trokendi XR ¹¹	topiramate ER
		Sabril ¹¹	vigabatrin, vigadrone
		Topamax ¹¹	topiramate
		Trileptal ¹¹	oxcarbazepine
	SKIN CONDITIONS	Zonegran ¹¹	zonisamide
		Apexicon E ⁵ , diflorasone, Impoyz ⁵ , Olux ⁵ , Olux-E ⁵ , Psorcon	betamethasone, clobetasol, halobetasol
		Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution
		Cordran ⁵	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol
		Finacea ⁷ , MetroCream, MetroGel, MetroLotion, Soolantra ¹²	azelaic acid, topical metronidazole
		flurandrenolide, Pandel ⁵	betamethasone, fluocinolone, fluticasone

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

PERFORMANCE FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives
January 1, 2021	SKIN CONDITIONS (cont)	hydrocortisone butyrate lipid cream, lotion ⁵	betamethasone, fluocinolone, fluticasone
		Sorilux	calcitriol, tazarotene, topical calcipotriene
		Tridesilon ⁵	alclometasone, desonide, triamcinolone
		Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo
	URINARY TRACT CONDITIONS	Procysbi ⁴	Cystagon
Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

ADVANTAGE FORMULARY

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2021	DIABETES	Baqsimi	
	GASTROINTESTINAL/HEARTBURN	Pancreaze	
	INFECTIONS	Epclusa, Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Ajovy ¹³ , Emgality ¹³ , Taltz	
	SEIZURE DISORDERS	VIMPAT	
	URINARY TRACT CONDITIONS	Cystagon	
Start date of change ^{*,**}	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Intelence ¹	Talk to your doctor about other alternatives
	HORMONAL AGENTS	Unithroid 75mcg tablet	levothyroxine
	INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
	SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
	SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
		Probuphine	Talk to your doctor about other alternatives
WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625mg/5ml oral suspension	
Start date of change ^{*,**}	Drug class	Medications that will need approval (prior authorization) [^]	
January 1, 2021	BLOOD THINNERS/ANTI-CLOTTING	Eliquis ⁴ , Pradaxa ⁴ , Savaysa ⁴ , Xarelto ⁴	
	HORMONAL AGENTS	Tirosint, Tirosint-SOL	
Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives
January 1, 2021	ASTHMA/COPD/RESPIRATORY	Advair HFA ⁷ , Breo Ellipta ⁷	Dulera, fluticasone-salmeterol (generic Advair Diskus), fluticasone-salmeterol (generic Airduo), Symbicort, Wixela Inhub

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

ADVANTAGE FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives
January 1, 2021	ASTHMA/COPD/RESPIRATORY (cont)	ProAir HFA ⁷ , ProAir RespiClick ⁷	albuterol HFA
	CONTRACEPTION PRODUCTS	Balcoltra, Natazia, Slynd, Taytulla	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)
	DIABETES	GlucaGen HypoKit ⁷ , Gvoke	Baqsimi, Glucagon Emergency Kit
	EYE CONDITIONS	Cequa, Restasis MultiDose ⁷ , Xiidra ⁷	Restasis
		Travatan Z, Xalatan, Xelpros, Zioptan ⁹	bimatoprost, latanoprost, travoprost
	GASTROINTESTINAL/HEARTBURN	Creon ⁷ , Pertzye, Zenpep ⁷	Pancreaze
		Linzess ⁷ , Motegrity, Trulance ⁷ , Zelnorm	Amitiza
		Sensipar	cinacalcet
	HORMONAL AGENTS	TaperDex	dexamethasone 1.5mg tablet
	INFECTIONS	Baraclude	entecavir tablet
		Noxafil tablet	posaconazole DR 100mg tablet
	MULTIPLE SCLEROSIS	Ampyra ER ⁷	dalfampridine ER
	NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge	generic triptans (e.g. naratriptan; sumatriptan)
		butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
		Cosentyx ¹⁰	Enbrel, Humira, Otezla, Stelara, Taltz
		diclofenac 1.3% patch, Flector 1.3% patch ⁵ , Voltaren 1% gel ⁵	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)
		Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)
		SEIZURE DISORDERS	Felbatol ¹¹
	SEIZURE DISORDERS	Keppra/Keppra XR ¹¹	levetiracetam/levetiracetam ER
		Lamictal XR Start Kit ¹¹	lamotrigine ER
		Lamictal/ODT/XR ¹¹	lamotrigine, lamotrigine ER, lamotrigine ODT
		Qudexy XR ⁵ , Trokendi XR ¹¹	topiramate ER
		Sabril ¹¹	vigabatrin, vigadrone
		Topamax ¹¹	topiramate
		Trileptal ¹¹	oxcarbazepine
		Zonegran ¹¹	zonisamide
	SKIN CONDITIONS	Apexicon E ⁵ , diflorasone, Impoyz ⁵ , Olux ⁵ , Olux-E ⁵ , Psorcon	betamethasone, clobetasol, halobetasol
		Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution
		Cordran ⁵	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol

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

ADVANTAGE FORMULARY (cont)

Start date of change**	Drug class	Medications that will no longer be covered^^	Generic and/or preferred brand alternatives
January 1, 2021	SKIN CONDITIONS (cont)	Finacea, MetroCream, MetroGel, MetroLotion, Soolantra ²	azelaic acid, topical metronidazole
		flurandrenolide, hydrocortisone butyrate lipid cream, lotion ⁵ , Pandel ⁵	betamethasone, fluocinolone, fluticasone
		Tridesilon ⁵	alclometasone, desonide, triamcinolone
		Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo
	URINARY TRACT CONDITIONS	Procybsi ⁴	Cystagon
Start date of change**	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	ALLERGY/NASAL SPRAYS	Beconase AQ, flunisolide, mometasone, Nasonex, Omnaris, Qnasl, Qnasl Children, Xhance, Zetonna	generics products available over-the-counter (e.g. budesonide, fluticasone)
	EYE CONDITIONS	azelastine, Bepreve, epinastine, Lastacraft, Pazeo, Zerviate	products available over-the-counter (e.g. Alaway, Pataday)
	SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

LEGACY (PERFORMANCE) FORMULARY

Start date of change**	Drug class	Medications moving to preferred brand	
January 1, 2021	ASTHMA/COPD/RESPIRATORY	Bevespi	
	DIABETES	Baqsimi	
	GASTROINTESTINAL/HEARTBURN	Pancreaze	
	INFECTIONS	Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Taltz	
	SUBSTANCE ABUSE	Epclusa	
Start date of change**	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Intence ¹	Talk to your doctor about other alternatives
	ASTHMA/COPD/RESPIRATORY	ProAir HFA, ProAir RespiClick, Ventolin HFA	albuterol HFA
	BLOOD PRESSURE/HEART MEDICATIONS	MULTAQ	Talk to your doctor about other alternatives
	DIABETES	Kombiglyze XR ¹⁴ , Onglyza ¹⁴	metformin, Janumet, Janumet XR, Januvia
	EYE CONDITIONS	Lotemax 0.5% drops	loteprednol 0.5% drops
		Lumigan	bimatoprost, latanoprost, travoprost
	GASTROINTESTINAL/HEARTBURN	Creon, Zenpep	Pancreaze
		Trulance	Amitiza, Linzess
	HORMONAL AGENTS	Armour Thyroid, Synthroid, Unithroid 75mcg tablet	levothyroxine
INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml	

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

LEGACY (PERFORMANCE) FORMULARY (cont)

Start date of change**	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	MULTIPLE SCLEROSIS	Ampyra ER	dalfampridine ER
	PAIN RELIEF AND INFLAMMATORY DISEASE	Cosentyx ^{1,4}	Enbrel, Humira, Otezla, Stelara, Taltz
	SEIZURE DISORDERS	Lamictal XR Start Kit	lamotrigine ER
		Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
		Qudexy XR, Trokendi XR	topiramate ER
		Sabril ¹	vigabatrin, vigadrone
	SKIN CONDITIONS	Finacea foam, Soolantra ¹⁴	azelaic acid, topical metronidazole
		Psorcon	betamethasone, clobetasol, halobetasol
	SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo
SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv	
	Probuphine	Talk to your doctor about other alternatives	
WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625mg/5ml oral suspension	
Start date of change**	Drug class	Medications that will need approval (prior authorization)^	
January 1, 2021	ALLERGY/NASAL SPRAYS	carbinoxamine, EpiPen, EpiPen Jr, RyVent	
	ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil, Aplenzin, Ativan, Cymbalta, Lexapro, Pamelor, Parnate, Pexeva, Tofranil, Wellbutrin XL	
	ASTHMA/COPD/RESPIRATORY	Elixophyllin, Proventil HFA, Zflo, Zflo CR	
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Desoxyn, Dexedrine	
	BLOOD PRESSURE/HEART MEDICATIONS	Betapace, Cardizem, Cardizem CD, Consensi, Isordil, Isordil Titradose, Lanoxin	
	BLOOD THINNERS/ANTI-CLOTTING	Eliquis, Pradaxa, Savaysa, Xarelto, Yosprala	
	CANCER	Aldara, Nilandron, Zyclara	
	CHOLESTEROL MEDICATIONS	Antara, Fenoglide, Lipitor	
	COUGH/COLD MEDICATIONS	benzonatate, TussiCaps	
	DIABETES	Fortamet, Glumetza, metformin ER Gastric, metformin ER Osmotic	
	DIURETICS	Edecrin	
	EYE CONDITIONS	Travatan Z, Vyzulta, Xalatan, Xelpros, Zioptan ⁹	
	GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository, Cortifoam, Librax, Lotronex, Marinol, Motegrity, Nexium, Omeclamox-Pak, omeprazole, Pepcid suspension, tablet, Pertzye, Prevacid SoluTab, Pylera, Rowasa, Sensipar, Uceris rectal foam, Zegerid capsule, packet, Zelnorm, Zofran, Zuplenz	
	HORMONAL AGENTS	DDAVP nasal spray, solution, tablet, Dexpak, Rayos, TaperDex, Uceris tablet	
	INFECTIONS	Augmentin, Baraclude, Diflucan, Doryx, E.E.S. 200 EryPed 400, Mepron, Minocin, Mycobutin, Noxafil tablet, Oracea, Sitavig, Solodyn, Sporanox, Targadox, Valcyte, Vancocin, Vibramycin, Zovirax capsule, suspension, tablet	
	MISCELLANEOUS	Horizant	
NUTRITIONAL/DIETARY	PreGenna, Trinaz		

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

LEGACY (PERFORMANCE) FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will need approval (prior authorization) [^]	
January 1, 2021	PAIN RELIEF AND INFLAMMATORY DISEASE	Allzital, Amerge, Amrix, BUPAP, butalbital-acetaminophen 50-300mg tablet, Cambia, chlorzoxazone, ConZip, D.H.E.45, diclofenac 1.3% patch ⁵ , 1.5% topical solution, Duexis, Ergomar, Fenortho 200 mg capsule, Flector 1.3% patch ⁵ , Frova, Gralise, Imitrex, Indocin, levorphanol, Lorzone, Maxalt, Maxalt MLT, Migranal, Naprelan, naproxen CR, Onzetra Xsail, Pennsaid, Relpax, Roxicodone, Soriatane, Sprix, Tivorbex, Treximet, Vanatol LQ, Vimovo, Vivlodex, Votaren 1% gel ⁵ , Zembrace Symtouch, Zipsor, Zomig, Zomig ZMT, Zorvolex	
	PARKINSON'S DISEASE	Lodosyn, Requip XL, Zelapar	
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	FazaClo, Geodon, Versacloz, Zyprexa, Zyprexa Zydis	
	SEIZURE DISORDERS	Mysoline	
	SKIN CONDITIONS	Anusol-HC cream, Apexicon E ⁵ , Bensal HP, Benzacilin, Carac, Clindagel, Clobex shampoo, spray, topical lotion, Condylox, Cordran ⁵ , Cutivate, diclofenac 3% gel, diflorasone, Ertaczo, Exelderm, Extina, Finacea gel, flurandrenolide, Halog cream, ointment, hydrocortisone butyrate lipid cream, lotion ⁵ , Impoyz ⁵ , Jublia, Kenalog 0.147mg/gm spray, Kerydin, Locoid, Loprox 0.77% cream, 1% shampoo, Luzu, MetroCream, MetroGel, MetroLotion, Noritate, Olux ⁵ , Olux-E ⁵ , Oxistat, Pandel ⁵ , Penlac, Prudoxin, Sernivo, Sorilux, Trainex, Tridesilon ² , Ultravate, Vanos, Verdeso, Vusion, Xerese, Xolegel, Ziana, Zonalon, Zovirax cream, ointment	
	SLEEP DISORDERS/SEDATIVES	Ambien, Ambien CR, Edular, Intermezzo, Nuvigil, Provigil, Restoril, Zolpimist	
	SUBSTANCE ABUSE	Evzio	
Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

CIGNA TOTAL SAVINGS (AON) FORMULARY

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2021	DIABETES	Baqsimi	
	DIABETES	Jentadueto ¹⁵ , Jentadueto XR ¹⁵ , Tradjenta ¹⁵	
	GASTROINTESTINAL/HEARTBURN	Pancreaze	
	HORMONAL AGENTS	Imvexxy, Intrarosa	
	INFECTIONS	Eplusa, Harvoni	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Ajovy ¹³ , Cimzia, Emgality ¹³ , Olumiant	
	SEIZURE DISORDERS	VIMPAT	
	URINARY TRACT CONDITIONS	Cystagon	
Start date of change ^{*,**}	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2021	AIDS/HIV	Atripla ¹ , Descovy ¹ , Intelence ¹ , Selzentry ¹ , Symtuza ¹ , Truvada ¹	Talk to your doctor about other alternatives
	ERECTILE DYSFUNCTION	Caverject Impulse Syringe	Talk to your doctor about other alternatives
	INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
	SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
	SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
	WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625ml/5ml oral suspension

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

CIGNA TOTAL SAVINGS (AON) FORMULARY (cont)

Start date of change**	Drug class	Medications that will need approval (prior authorization)^		
January 1, 2021	BLOOD THINNERS/ANTI-CLOTTING	Eliquis ⁴ , Pradaxa ⁴ , Savaysa ⁴ , Xarelto ⁴		
Start date of change**	Drug class	Medications being added to Step Therapy Program^^	Generic and/or preferred brand alternatives	
July 1, 2020	DIABETES	Jentadueto, Jentadueto XR, Tradjenta	metformin	
Start date of change**	Drug class	Medications that will no longer be covered^^	Generic and/or preferred brand alternatives	
January 1, 2021	ANXIETY/DEPRESSION/BIPOLAR DISORDER	Forfivo XL	bupropion XL tablet	
		Paxil CR	paroxetine ER	
	ASTHMA/COPD/RESPIRATORY	Advair HFA ⁷ , Breo Ellipta ⁷	Dulera, fluticasone-salmeterol (generic Advair Diskus), fluticasone-salmeterol (generic Airduo), Symbicort, Wixela Inhub	
		Kalydeco ⁵ , Orkambi ⁵ , Symdeko ⁵	Trikafta ³	
		ProAir HFA ⁷ , ProAir RespiClick ⁷	albuterol HFA	
		ATTENTION DEFICIT HYPERACTIVITY DISORDER	Intuniv	guanfacine ER
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Strattera	atomoxetine capsule	
		BLOOD PRESSURE/HEART MEDICATIONS	Ranexa	ranolazine ER
	CANCER	Pomalyst ⁵	Revlimid	
	CHOLESTEROL MEDICATIONS	Lovaza	omega-3 acid ethyl esters capsule	
	CONTRACEPTION PRODUCTS	Balcoltra, Loseasonique, Natazia, Quartette, Slynd, Taytulla ⁷	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)	
			Beyaz, Safyral, Yasmin 28, Yaz	Generic oral contraceptives (e.g. drospirenone-ethinyl estradiol-levomefolate)
		Depo-Provera	medroxyprogesterone	
		Estrostep FE	Generic oral contraceptives (e.g. Tilia FE, Tri-Ligest FE)	
		Generess FE, Layolis FE, Loestrin FE, Miastrin 24 FE	Generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-FE)	
		Loestrin	Generic oral contraceptives (e.g. norethindrone-ethinyl estradiol)	
		Mirapex ER 4.5mg tablet	pramipexole ER 4.5mg tablet	
		NuvaRing	etonogestrel-ethinyl estradiol vaginal ring	
		Ortho Micronor	Generic oral contraceptives (e.g. norethindrone 0.35mg)	
		Prenatabas FA	Pretab 29mg-1mg tablet	
		DIABETES	GlucaGen HypoKit ⁷ , Gvoke	Baqsimi, Glucagon Emergency Kit
			Janumet ⁸ , Janumet XR ⁸ , Januvia ⁸	metformin, Jentadueto, Jentadueto XR, Tradjenta
	EYE CONDITIONS	Cequa, Restasis MultiDose ⁷ , Xiidra ⁷	Restasis	
		FML Liquifilm	fluorometholone eye drops	
		Lotemax drops	loteprednol 0.5% drops	
		Travatan Z, Xalatan, Xelpros, Zioptan ⁹	bimatoprost, latanoprost, travoprost	

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CIGNA TOTAL SAVINGS (AON) FORMULARY (cont)

Start date of change**	Drug class	Medications that will no longer be covered^^	Generic and/or preferred brand alternatives
January 1, 2021	GASTROINTESTINAL/HEARTBURN	Apriso	mesalamine ER capsule
		Carafate ⁷	sucralfate
		Creon ⁷ , Pertzze, Zenpep ⁷	Pancreaze
		Linzess ⁷ , Motegrity, Trulance ⁷ , Zelnorm	Amitiza
		Sensipar	cinacalcet
	HORMONAL AGENTS	Armour Thyroid, Synthroid ⁷ , Tirosint, Tirosint Sol, Unithroid ⁷	levothyroxine
		Cortef	hydrocortisone tablet
		Minivelle	estradiol patch
		TaperDex	dexamethasone 1.5mg tablet
		Vivelle-Dot	estradiol patch
	INFECTIONS	Baraclude	entecavir tablet
		Noxafil tablet	posaconazole DR 100mg tablet
		Sulfatrim	sulfamethoxazole-TMP suspension
		Tamiflu	oseltamivir
	MULTIPLE SCLEROSIS	Ampyra ER ⁷	dalfampridine ER
		Avonex ⁷ , Extavia ⁷ , Plegridy ⁷ , Rebif ⁷	Betaseron, glatiramer, Glatopa
		Gilenya ⁷ , Mavenclad, Mayzent ⁷ , Tecfidera ⁷ , Zeposia ⁷	Vumerity
	NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
		VitaTrue Combo Pack	Prena1 True Combo Pack
	PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge, Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)
		butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
		diclofenac 1.3% patch, Flector 1.3% patch ^{3,5} , Voltaren 1% gel ⁵	diclofenac 1% gel, oral generic Rx NSAIDs (e.g. celecoxib; meloxicam)
		Humira ⁷	Actemra, Cimzia, Cosentyx, Enbrel, Simponi 100mg, Stelara, Tremfya
		Ilumya ⁷ , Otezla ⁷ , Skyrizi ⁷	Cimzia, Cosentyx, Enbrel, Olumiant, Stelara, Tremfya
		Kevzara, Rinvoq ⁷	Actemra, Cimzia, Enbrel, Olumiant
		Orencia	Actemra, Cimzia, Cosentyx, Enbrel, Olumiant, Stelara
		Uloric	febuxostat
		Xeljanz ⁷ , Xeljanz XR ⁷	Actemra, Cimzia, Cosentyx, Enbrel, Olumiant, Simponi 100mg, Stelara
		SEIZURE DISORDERS	Carbatrol, Tegretol XR
	Depakote		divalproex
	Depakote ER		divalproex ER

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

CIGNA TOTAL SAVINGS (AON) FORMULARY (cont)

Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ^{^^}	Generic and/or preferred brand alternatives	
January 1, 2021	SEIZURE DISORDERS (cont)	Depakote Sprinkle	divalproex DR sprinkle capsule	
		Felbatol ¹¹	felbamate	
		Kepra/Kepra X ¹¹	levetiracetam/levetiracetam ER	
		Lamictal XR Start Kit ¹¹	lamotrigine ER	
		Lamictal/ODT/XR ¹¹	lamotrigine, lamotrigine ER, lamotrigine ODT	
		Onfi	clobazam	
		Qudexy XR ¹¹ , Trokendi XR ¹¹	topiramate ER	
		Sabril ¹¹	vigabatrin, vigadrone	
		Topamax ¹¹	topiramate	
		Trileptal ¹¹	oxcarbazepine	
		Zonegran ¹¹	zonisamide	
	SKIN CONDITIONS	Apexicon E ⁵ , diflorasone, Impoyz ⁵ , Olux ⁵ , Olux-E ⁵ , Psorcon ⁷	betamethasone, clobetasol, halobetasol	
		Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution	
		Cordran ⁵	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol	
		Elidel	pimecrolimus cream	
		Finacea, MetroCream, MetroGel, MetroLotion, Soolantra ¹²	azelaic acid, topical metronidazole	
		flurandrenolide, hydrocortisone butyrate lipid cream, lotion ⁵ , Pandel ⁵	betamethasone, fluocinolone, fluticasone	
		Tridesilon ⁵	alclometasone, desonide, triamcinolone	
		Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo	
		SLEEP DISORDERS/SEDATIVES	Belsomra ⁸	Dayvigo
		TRANSPLANT MEDICATIONS	Myfortic	mycophenolic acid
			Prograf	tacrolimus
URINARY TRACT CONDITIONS	Procybsi ⁴	Cystagon		
Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information	
January 1, 2020	ALLERGY/NASAL SPRAYS	Beconase AQ, Nasonex, Omnaris, Qnasl, Qnasl Children, Xhance, Zetonna,	flunisolide, fluticasone, mometasone	
		flunisolide, mometasone spray	generics products available over-the-counter (e.g. budesonide, fluticasone)	
		fluticasone 50 mcg spray	generics products available over-the-counter (e.g. budesonide)	
	EYE CONDITIONS	azelastine, epinastine	products available over-the-counter (e.g. Alaway, Pataday)	
		Bepreve, Lastacaft, Pazeo, Zerviate	azelastine, epinastine eye drops	
SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole		

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* State laws in **Texas** and **Louisiana** may require your plan to cover your medication 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 from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.

** State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.

^ **These changes may not apply to your specific plan.** That's because some plans don't have prior authorization, quantity limits and/or Step Therapy. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these extra coverage requirements.

^^ 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 your medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy and the cost can't be applied to your annual deductible or out-of-pocket maximum.

1. This is a specialty medication. For plans that cover specialty medications on a specialty tier, this change won't affect the cost of the medication. Please log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

2. Please log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers brand name medications that have a generic equivalent available. Depending on your plan, you may have to pay an additional charge (on top of your plan's cost-share) for filling the brand name medication.

3. These changes may not apply to your specific plan. That's because some plans don't have prior authorization, quantity limits and/or Step Therapy. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these extra coverage requirements.

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

5. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on 1/1/21. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.

6. This medication needs approval from Cigna before your plan will cover it. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy and the cost can't be applied to your annual deductible or out-of-pocket maximum.

7. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.

8. This medication will no longer be part of Step Therapy as of 1/1/21. If you currently have approval for your plan to cover this medication, your approval will end on 1/1/21. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.

9. This medication will no longer be part of Step Therapy as of 1/1/21. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on 1/1/21. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.

10. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on 1/1/21. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process. If Cigna re-approves coverage, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.

11. **This change will only affect you if you're taking this medication to treat a seizure condition.** Also, it's important to know that your current approval to receive coverage for this medication will end on 1/1/21. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.

12. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it. Also, because this medication has a generic equivalent available, you may have to pay an additional charge on top of your non-preferred brand cost-share. Please check your plan materials to find out how your plan covers brand name medications.

13. If you currently have approval for your plan to cover this medication, you can continue to receive coverage until your approval ends.

14. Starting 1/1/21, this medication will also need approval from Cigna before your plan will cover it.

15. Starting 1/1/21, this medication will also be part of the Step Therapy program. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on 1/1/21. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.

16. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy and the cost can't be applied to your annual deductible or out-of-pocket maximum.



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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