

PRESCRIPTION DRUG LIST CHANGES



Cigna Pharmacy Management®

2020

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.** They are listed by drug list name, the date the change starts 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, call your doctor's office to talk about your options. Only you and your doctor can decide what's best for your treatment.

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

STANDARD (ALSO KNOWN AS CIGNA NATIONAL) PRESCRIPTION DRUG LIST

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2020	ASTHMA/COPD/RESPIRATORY	albuterol HFA	
	CHOLESTEROL MEDICATIONS	Vascepa	
	DIABETES	Segluromet	
		Steglatro	
	INFERTILITY	Gonal-F ¹ , Gonal-F RFF ¹	
SEIZURE DISORDERS	Fycompa		
Start date of change ^{*,**}	Drug class	Medications becoming non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Retrovir vial ¹	zidovudine
	HORMONAL AGENTS	Cytome ¹	liothyronine
	INFECTIONS	Oracea	Generic products (e.g. doxycycline; minocycline)
		Stromectol ²	ivermectin
	INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject
	NUTRITIONAL/DIETARY	VitaPearl ²	generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Oxsoralen-Ultra ²	methoxsalen
	SKIN CONDITIONS	Ovace Plus ²	sodium sulfacetamide
		Pramosone ²	hydrocortisone-pramoxine
SLEEP DISORDERS/SEDATIVES	Seconal	eszopiclone, zaleplon, zolpidem, zolpidem ER, Silenor	

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 require approval (prior authorization) ³
January 1, 2020	AIDS/HIV	abacavir ⁵
		abacavir-lamivudine ⁵
		abacavir-lamivudine-zidovudine ⁵
		Aptivus ⁵
		atazanavir ⁵
		Atripla ⁵
		Cimduo ⁵
		Complera ⁵
		Delstrigo ⁵
		Descovy ⁵
		Edurant ⁵
		efavirenz ⁵
		Emtriva ⁵
		Evotaz ⁵
		fosamprenavir ⁵
		Fuzeon ⁵
		Intelence ⁵
		Invirase ⁵
		Isentress HD ⁵
		Juluca ⁵
		Kaletra 100-25 mg, 200-50mg tablet ⁵
		lamivudine ⁵
		Lexiva suspension ⁵
		lopinavir-ritonavir ⁵
		nevirapine ⁵
		nevirapine ER ⁵
		Odefsey ⁵
		Pifeltro ⁵
		Prezcobix ⁵
		Reyataz powder packet ⁵
		Selzentry ⁵
		Stribild ⁵
		Symtuza ⁵
		tenofovir ⁵
Viread 150mg, 200mg, 250mg, powder ⁵		
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall ⁷	
	amphetamine ⁷	
	dexmethylphenidate ⁷	
	dexmethylphenidate ER ⁷	

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 require approval (prior authorization) ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER <i>(cont)</i>	dextroamphetamine ⁷
		dextroamphetamine ER ⁷
		dextroamphetamine-amphetamine ⁷
		dextroamphetamine-amphetamine ER ⁷
		Evekeo ⁷
		Focalin ⁷
		metadate ER ⁷
		methamphetamine ⁷
		Methylin ⁷
		methylphenidate ⁷
		methylphenidate CD ⁷
		methylphenidate ER ⁷
		methylphenidate ER (CD) ⁷
		methylphenidate ER (LA) ⁷
		methylphenidate LA ⁷
		procentra ⁷
		Relexxii ⁷
		Ritalin ⁷
		Vyvanse capsule ⁷
		Zenzedi ⁷
CHOLESTEROL MEDICATIONS		Praluent
		Vascepa ⁴
COUGH/COLD MEDICATIONS		hydrocodone-chlorpheniramine ER
		hydrocodone-homatropine MBR
		hydromet
		promethazine-codeine
		promethazine-phenylephrine-codeine
		Tuxarin ER
		Tuzistra XR
HORMONAL AGENTS		Forteo ⁶
INFECTIONS		Cayston
		Coartem
		Kitabis Pak
		Plaquenil
		Quaaliquin
		Tobi PodHaler
		tobramycin 300mg/5ml ampule, 300mg/5ml pak

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

Start date of change ^{*,**}	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	MISCELLANEOUS	Exjade
		Ferriprox
		Jadenu
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	SLEEP DISORDERS/SEDATIVES	Seconal
	WEIGHT MANAGEMENT	Adipex-P
		Belviq
		Belviq XR
		Contrave
		Qsymia
		Saxenda
Xenical		
Start date of change ^{*,**}	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR
		Adzenys ER
		Adzenys XR-ODT
		Aptensio XR
		Concerta
		Cotempla XR-ODT
		Daytrana
		Dexedrine
		dexmethylphenidate ER ⁷
		dextroamphetamine ER ⁷
		dextroamphetamine-amphetamine ER ⁷
		Dyanavel XR
		Focalin XR
		metadate ER ⁷
		methylphenidate CD ⁷
		methylphenidate ER ⁷
		methylphenidate ER (CD) ⁷
		methylphenidate ER (LA) ⁷
		methylphenidate LA ⁷
		Mydayis
Quillichew ER		
Quillivant XR		

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

Start date of change*,**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER <i>(cont)</i>	Relexxii ⁷
		Ritalin LA
		Vyvanse capsule ⁷
		Vyvanse chewable tablet
	DIABETES	Admelog ¹¹ , Admelog Solostar ¹¹
		Afrezza
		Apidra ¹¹ , Apidra Solostar ¹¹
		Basaglar ¹¹
		Farxiga 10mg
		Fiasp Flextouch ¹¹
		Glyxambi
		Humalog ¹¹
		Humulin ¹¹
		Insulin Lispro
		Invokamet
		Invokamet XR
		Invokana
		Janumet
		Janumet XR
		Januvia 100mg
		Jardiance
		Kazano
		Kombiglyze XR
		Lantus ¹¹ , Lantus Solostar ¹¹
		Levemir ¹¹
		Nesina
		Novolin ¹¹
Novolog ¹¹		
Onglyza		
Oseni		
Qtern		
Segluromet		
Steglatro		
Steglujan		
Synjardy		

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

Start date of change ^{*,**}	Drug class	Medications that will have a quantity limit ³	
January 1, 2020	DIABETES <i>(cont)</i>	Synjardy XR	
		Toujeo ¹¹	
		Tresiba ¹¹	
		Xigduo XR	
	HORMONAL AGENTS	Forteo ⁶	
	INFECTIONS	Bethkis ⁸	
		Cayston ⁸	
		Kitabis Pak ⁸	
		Tobi PodHaler ⁸	
		Tobi solution ⁸	
		tobramycin 300mg/5ml ampule, 300mg/5ml pak ⁸	
		Xifaxan ⁹	
		OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰	
		Cimzia ¹⁰	
		Cosentyx ¹⁰	
		Enbrel ¹⁰	
		Humira ¹⁰	
		Ilumya ¹⁰	
		Kevzara ¹⁰	
		Kineret ¹⁰	
		Olumiant ¹⁰	
		Orencia ¹⁰	
		Otezla ¹⁰	
		Siliq ¹⁰	
		Simponi ¹⁰	
		Stelara ¹⁰	
		Taltz ¹⁰	
		Tremfya ¹⁰	
		Xeljanz ¹⁰	
		Xeljanz XR ¹⁰	
	Start date of change ^{*,**}	Drug class	Medications being added to Step Therapy Program ^{3,12}
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS	Betapace AF	
		Bystolic	
		Coreg	
		Coreg CR	
		generic beta blockers (e.g. metoprolol)	

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

Start date of change ^{*,**}	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS <i>(cont)</i>	Corgard	generic beta blockers (e.g. metoprolol)
		Dutoprol	
		Inderal LA	
		Inderal XL	
		Innopran XL	
		Kaspargo Sprinkle	
		Lopressor	
		Lopressor HCT	
		Sotylize	
		Tenoretic 100	
		Tenoretic 50	
		Tenormin	
		Toprol XL	
		Ziac	
	DIABETES	Bydureon ⁵	metformin
		Byetta ⁵	
		Farxiga ⁵	
		Glyxambi ⁵	
		Januvia ⁵	
		Jardiance ⁵	
		Onglyza ⁵	
		Ozempic	
Qtern ⁵			
Steglatro ⁵			
Trulicity ⁵			
Victoza ⁵			
Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Combivir	lamivudine-zidovudine
		didanosine DR ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup
		stavudine ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you

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

Start date of change**	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV (cont)	Trizivir	abacavir-lamivudine-zidovudine
		Viramune suspension	nevirapine oral suspension
		Viread 300mg tablet	tenofovir 300mg tablet
		Ziagen	abacavir
	ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat	Incruse Ellipta
		Stiolto Respimat	Anoro Ellipta
		Striverdi Respimat	Serevent
	CANCER	Tarceva ¹⁴	erlotinib
		Zytiga 250mg ¹⁶	abiraterone
		Zytiga 500mg ¹⁵	abiraterone
	DIABETES	alogliptin ⁵	metformin, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
		alogliptin-metformin ⁵	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
		alogliptin-pioglitazone ⁵	pioglitazone, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
	GASTROINTESTINAL/HEARTBURN	Colyte With Flavor Packets	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Golytely	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Moviprep	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Nulytely With Flavor Packs	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Osmoprep	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Plenvu	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
	INFECTIONS	doxycycline IR-DR	doxycycline, doxycycline monohydrate, minocycline ER
		Seysara	doxycycline, doxycycline monohydrate, minocycline ER
	MISCELLANEOUS	Syprine	Depen, penicillamine, trientine
	MULTIPLE SCLEROSIS	Aubagio ⁵	Gilenya, Mayzent, Tecfidera
NUTRITIONAL/DIETARY	Nascobal ¹⁵	cyanocobalamin injection	

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

Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	SKIN CONDITIONS	Enstilar	calcipotriene–betamethasone DP ointment, calcipotriene plus topical betamethasone, tazarotene cream
		Taclonex	calcipotriene–betamethasone DP ointment, calcipotriene plus topical betamethasone, tazarotene cream
Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	INFECTIONS	Avidoxy DK	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Morgidox	

VALUE PRESCRIPTION DRUG LIST

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2020	ASTHMA/COPD/RESPIRATORY	albuterol HFA	
	CHOLESTEROL MEDICATIONS	Vascepa	
	DIABETES	Segluromet	
		Steglatro	
	INFERTILITY	Gonal-F ¹ , Gonal-F RFF ¹	
SEIZURE DISORDERS	Fycompa		
Start date of change ^{*,**}	Drug class	Medications moving to non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Retrovir vial ¹	zidovudine
	INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject
Start date of change ^{*,**}	Drug class	Medications that will require approval (prior authorization) ⁵	
January 1, 2020	AIDS/HIV	abacavir ⁵	
		abacavir–lamivudine ⁵	
		abacavir–lamivudine–zidovudine ⁵	
		Aptivus ⁵	
		atazanavir ⁵	
		Atripla ⁵	
		Cimduo ⁵	
		Complera ⁵	
		Delstrigo ⁵	
		Descovy ⁵	
		Edurant ⁵	
		efavirenz ⁵	
		Emtriva ⁵	
Evotaz ⁵			
fosamprenavir ⁵			

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VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	AIDS/HIV (cont)	Fuzeon ⁵
		Intelence ⁵
		Invirase ⁵
		Isentress HD ⁵
		Juluca ⁵
		Kaletra 100-25 mg, 200-50mg tablet ⁵
		lamivudine ⁵
		Lexiva suspension ⁵
		lopinavir-ritonavir ⁵
		nevirapine ⁵
		nevirapine ER ⁵
		Odefsey ⁵
		Pifeltro ⁵
		Prezcobix ⁵
		Reyataz powder packet ⁵
		Selzentry ⁵
		Stribild ⁵
		Symtuza ⁵
		tenofovir ⁵
		Viread 150mg, 200mg, 250mg, powder ⁵
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall ⁷	
	amphetamine ⁷	
	dexamethylphenidate ⁷	
	dexamethylphenidate ER ⁷	
	dextroamphetamine ⁷	
	dextroamphetamine ER ⁷	
	dextroamphetamine-amphetamine ⁷	
	dextroamphetamine-amphetamine ER ⁷	
	Evekeo ⁷	
	Focalin ⁷	
	metadate ER ⁷	
	methamphetamine ⁷	
	Methylin ⁷	
	methylphenidate ⁷	
	methylphenidate CD ⁷	
	methylphenidate ER ⁷	
	methylphenidate ER (CD) ⁷	
methylphenidate ER (LA) ⁷		

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VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	methylphenidate LA ⁷
		procentra ⁷
		Relexxii ⁷
		Ritalin ⁷
		Zenzedi ⁷
	CHOLESTEROL MEDICATIONS	Praluent
		Vascepa ⁴
	COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER
		hydrocodone-homatropine MBR
		hydromet
		promethazine-codeine
		promethazine-phenylephrine-codeine
		Tuxarin ER
		Tuzistra XR
	HORMONAL AGENTS	Forteo ⁶
	INFECTIONS	Cayston
		Coartem
		Kitabis Pak
		Plaquenil
		Qualaquin
		Tobi PodHaler
		tobramycin 300mg/5ml ampule, 300mg/5ml pak
	MISCELLANEOUS	Exjade
		Ferriprox
		Jadenu
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	SLEEP DISORDERS/SEDATIVES	Seconal
	WEIGHT MANAGEMENT	Adipex-P
		Belviq
		Belviq XR
		Contrave
		Qsymia
Saxenda		
Xenical		
Start date of change**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR
		Adzenys ER
		Adzenys XR-ODT
		Aptensio XR
		Concerta

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VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will have a quantity limit ³		
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	Cotempla XR-ODT		
		Daytrana		
		Dexedrine		
		dexmethylphenidate ER		
		dextroamphetamine ER		
		dextroamphetamine-amphetamine ER		
		Dyanavel XR		
		Focalin XR		
		metadate ER		
		methylphenidate CD		
		methylphenidate ER		
		methylphenidate ER (CD)		
		methylphenidate ER (LA)		
		methylphenidate LA		
		Mydayis		
		Quillichew ER		
		Quillivant XR		
		Relexxii		
		Ritalin LA		
		Vyvanse capsule		
		Vyvanse chewable tablet		
		DIABETES		Admelog ¹¹ , Admelog Solostar ¹¹
				Afrezza ¹¹
				Apidra ¹¹ , Apidra Solostar ¹¹
				Basaglar ¹¹
				Farxiga 10mg ¹¹
Glyxambi				
Humalog ¹¹				
Humulin ¹¹				
Insulin Lispro ¹¹				
Invokamet				
Invokamet XR				
Invokana				
Janumet				
Janumet XR				
Januvia 100mg				
Jardiance				

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VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	DIABETES (cont)	Kazano
		Kombiglyze XR
		Lantus ¹¹ , Lantus Solostar ¹¹
		Levemir ¹¹
		Nesina
		Novolin ¹¹
		Novolog ¹¹
		Onglyza
		Oseni
		Qtern
		Segluromet
		Steglatro
		Steglujan
		Synjardy
		Synjardy XR
		Toujeo
		Tresiba
	Xigduo XR	
	HORMONAL AGENTS	Forteo ⁶
	INFECTIONS	Bethkis ⁸
		Cayston ⁸
		Kitabis Pak ⁸
		Tobi PodHaler ⁸
		Tobi solution ⁸
		tobramycin 300mg/5ml ampule, 300mg/5ml pak ⁸
		Xifaxan ⁹
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰
		Cimzia ¹⁰
		Cosentyx ¹⁰
		Enbre ¹⁰
		Humira ¹⁰
		Ilumya ¹⁰
		Kevzara ¹⁰
		Kineret ¹⁰
		Olumiant ¹⁰
		Orencia ¹⁰
		Otezla ¹⁰
		Siliq ¹⁰
		Simponi ¹⁰
	Stelara ¹⁰	

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VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change ^{*,**}	Drug class	Medications that will have a quantity limit ³	
January 1, 2020	PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Taltz ¹⁰	
		Tremfya ¹⁰	
		Xeljanz ¹⁰	
		Xeljanz XR ¹⁰	
Start date of change ^{*,**}	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS	Betapace AF	generic beta blockers (e.g. metoprolol)
		Coreg	
		Coreg CR	
		Corgard	
		Dutoprol	
		Inderal LA	
		Inderal XL	
		Innopran XL	
		Kaspargo Sprinkle	
		Lopressor	
		Lopressor HCT	
		Sotylize	
		Tenoretic 100	
		Tenoretic 50	
	Tenormin		
	Toprol XL		
	Ziac		
	DIABETES	Bydureon ⁵	metformin
		Byetta ⁵	
		Farxiga 10mg ⁵	
Farxiga 5mg ⁵			
Glyxambi ⁵			
Januvia ⁵			
Jardiance ⁵			
Ozempic ⁵			
Steglatro ⁵			
Trulicity ⁵			
Victoza ⁵			
Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Combivir	lamivudine-zidovudine
		didanosine DR ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup

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VALUE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV (cont)	stavudine ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Trizivir	abacavir-lamivudine-zidovudine
		Viramune suspension	nevirapine oral suspension
		Viread 300mg	tenofovir 300mg tablet
		Ziagen	abacavir
	ASTHMA/COPD/RESPIRATORY	Striverdi Respimat	Serevent
	CANCER	Tarceva ¹⁴	erlotinib
		Zytiga 250mg ¹⁶	abiraterone
		Zytiga 500mg ¹⁵	abiraterone
	DIABETES	alogliptin ⁵	metformin, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
		alogliptin-metformin ⁵	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
		alogliptin-pioglitazone ⁵	pioglitazone, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
	GASTROINTESTINAL/HEARTBURN	Colyte With Flavor Packets	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Golytely packet	
		Golytely solution	
		Moviprep	
		Nulytely With Flavor Packs	
Osmoprep			
INFECTIONS	doxycycline IR-DR	doxycycline, doxycycline monohydrate, minocycline ER	
	Seysara		
MISCELLANEOUS	Syprine	Depen, penicillamine, trientine	
MULTIPLE SCLEROSIS	Aubagio ⁵	Gilenya, Tecfidera	
NUTRITIONAL/DIETARY	Nascobal ¹⁵	cyanocobalamin injection	
Start date of change**	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	GASTROINTESTINAL/HEARTBURN	cimetidine tablet	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		famotidine tablet	
		nizatidine capsule	
		pepcid	
		ranitidine	
	INFECTIONS	Avidoxy DK	
		Morgidox	

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

LEGACY (STANDARD) PRESCRIPTION DRUG LIST

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand		
January 1, 2020	ASTHMA/COPD/RESPIRATORY	albuterol HFA		
	CHOLESTEROL MEDICATIONS	Vascepa ⁴		
	DIABETES	Segluromet		
	DIABETES	Steglatro		
	INFERTILITY	Gonal-F ¹ , Gonal-F RFF ¹		
	SEIZURE DISORDERS	Fycompa		
Start date of change ^{*,**}	Drug class	Medications moving to non-preferred brand	Generic and/or preferred brand alternatives	
January 1, 2020	AIDS/HIV	Epivir 10mg oral solution ¹	lamivudine	
		Retrovir vial ¹	zidovudine	
	ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat	Incruse Ellipta	
		Stiolto Respimat	Anoro Ellipta	
		Striverdi Respimat	Serevent	
	CANCER	Tarceva ^{1, 14}	erlotinib	
	CHOLESTEROL MEDICATIONS	Colestid	Colestipol tablet; granules; or packet	
	GASTROINTESTINAL/HEARTBURN	Golytely packet	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep	
	HORMONAL AGENTS	Androgel ²	testosterone	
		Cytomel ²	liothyronine	
	INFECTIONS	Oracea	Generic products (e.g. doxycycline; minocycline)	
	INFECTIONS	Stromectol ²	ivermectin	
	INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject	
	MULTIPLE SCLEROSIS	Aubagio ¹	Gilenya, Tecfidera	
	NUTRITIONAL/DIETARY	Nascobal	cyanocobalamin injection	
		VitaPearl ²	generic prenatal vitamin	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Oxsoralen-Ultra ²	methoxsalen	
	SKIN CONDITIONS	Ovace Plus ²	sodium sulfacetamide	
		Pramosone ²	hydrocortisone-pramoxine	
		Taclonex suspension	calcipotriene-betamethasone DP ointment, calcipotriene plus topical betamethasone, tazarotene cream	
	SLEEP DISORDERS/SEDATIVES	Seconal	eszopiclone, zaleplon, zolpidem, zolpidem ER, Silenor	
	Start date of change ^{*,**}	Drug class	Medications that will require approval (prior authorization) ³	
	January 1, 2020	AIDS/HIV	abacavir ⁵	
abacavir-lamivudine ⁵				
abacavir-lamivudine-zidovudine ⁵				

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**	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	AIDS/HIV (cont)	Aptivus ⁵
		atazanavir ⁵
		Atripla ⁵
		Cimduo ⁵
		Combivir
		Complera ⁵
		Crixivan ⁵
		Delstrigo ⁵
		Descovy ⁵
		didanosine DR
		Edurant ⁵
		efavirenz ⁵
		Emtriva ⁵
		Epivir 10mg oral solution
		Epivir 150mg, 300mg tablet
		Epzicom
		Evotaz ⁵
		fosamprenavir ⁵
		Fuzeon ⁵
		Intelence ⁵
		Invirase ⁵
		Isentress HD ⁵
		Juluca ⁵
		Kaletra 100-25 mg, 200-50mg tablet ⁵
		Kaletra solution
		lamivudine ⁵
		Lexiva suspension ⁵
		Lexiva tablet
		lopinavir-ritonavir ⁵
		nevirapine ⁵
		nevirapine ER ⁵
		Norvir
		Odefsey ⁵
		Pifeltro ⁵
		Prezcobix ⁵
		Rescriptor ⁵
		Retrovir syrup, capsule
		Reyataz capsule
		Reyataz powder packet ⁵
		Selzentry ⁵
stavudine		

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**	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	AIDS/HIV (cont)	Stribild ⁵
		Sustiva
		Symtuza ⁵
		tenofovir ⁵
		Trizivir
		Videx ⁵
		Videx EC ⁵
		Viracept ⁵
		Viramune suspension, tablet
		Viramune XR
		Viread 150mg, 200mg, 250mg, powder ⁵
		Viread 300mg
		Ziagen
		ATTENTION DEFICIT HYPERACTIVITY DISORDER
Adderall XR ⁷		
amphetamine ⁷		
Aptensio XR ⁷		
Concerta ⁷		
Desoxyn ⁷		
Dexedrine ⁷		
dexamethylphenidate ⁷		
dexamethylphenidate ER ⁷		
dextroamphetamine ⁷		
dextroamphetamine ER ⁷		
dextroamphetamine-amphetamine ⁷		
dextroamphetamine-amphetamine ER ⁷		
Evekeo ⁷		
Focalin ⁷		
Focalin XR ⁷		
metadate ER ⁷		
methamphetamine ⁷		
Methylin ⁷		
methylphenidate ⁷		
methylphenidate CD ⁷		
methylphenidate ER ⁷		
methylphenidate ER (CD) ⁷		
methylphenidate ER (LA) ⁷		
methylphenidate LA ⁷		
Mydayis ⁷		
procentra ⁷		
Relexxii ⁷		

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 ^{*,**}	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	Ritalin ⁷
		Ritalin LA ⁷
		Vyvanse capsule ⁷
		Zenzedi ⁷
	CHOLESTEROL MEDICATIONS	Vascepa ⁴
	COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER
		hydrocodone-homatropine MBR
		hydromet
		promethazine-codeine
		promethazine-phenylephrine-codeine
		Tussicaps
		Tuxarin ER
		Tuzistra XR
	DIABETES	alogliptin ⁵
		alogliptin-metformin ⁵
		alogliptin-pioglitazone ⁵
		Jentadueto ⁵
		Jentadueto XR ⁵
		Kazano
		Nesina
		Oseni
	GASTROINTESTINAL/HEARTBURN	Tradjenta ⁵
		Colyte With Flavor Packets
		Golytely packet
		Golytely solution
		Moviprep
		Nulytely With Flavor Packs
		Osmoprep
	HORMONAL AGENTS	Plenvu
	INFECTIONS	Forteo ⁶
		Arakoda
		Bethkis ¹⁷
		Cayston ¹⁷
Coartem		
Kitabis Pak ¹⁷		
Plaquenil		
Qualaquin		
Seysara		
Tobi PodHaler, 300mg/5ml solution ¹⁷		
tobramycin 300mg/5ml ampule, 300mg/5ml pak ¹⁷		
MISCELLANEOUS	Exjade	
	Ferriprox	
	Jadenu	

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**	Drug class	Medications that will require approval (prior authorization) ³	
January 1, 2020	NUTRITIONAL/DIETARY	Nascobal	
		OSTEOPOROSIS PRODUCTS	Tymlos ⁶
			SKIN CONDITIONS
	Taclonex ointment		
		Taclonex suspension	
	SLEEP DISORDERS/SEDATIVES	Seconal	
	WEIGHT MANAGEMENT	Adipex-P	
		Belviq	
		Belviq XR	
		Contrave	
		Qsymia	
		Saxenda	
		Xenical	
Start date of change**	Drug class	Medications that will have a quantity limit ³	
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR	
		Adzenys ER	
		Adzenys XR-ODT	
		Aptensio XR	
		Concerta	
		Cotempla XR-ODT	
		Daytrana	
		Dexedrine	
		dexmethylphenidate ER	
		dextroamphetamine ER	
		dextroamphetamine-amphetamine ER	
		Dyanavel XR	
		Focalin XR	
		metadate ER	
		methylphenidate CD	
		methylphenidate ER	
		methylphenidate ER (CD)	
		methylphenidate ER (LA)	
		methylphenidate LA	
		Mydayis	
		Quillichew ER	
		Quillivant XR	
		Relexxii	
Ritalin LA			

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**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER <i>(cont)</i>	Vyvanse capsule
		Vyvanse chewable tablet
	DIABETES	Admelog ¹¹ , Admelog Solostar ¹¹
		Afrezza ¹¹
		alogliptin
		alogliptin-metformin
		alogliptin-pioglitazone
		Apidra ¹¹ , Apidra Solostar ¹¹
		Basaglar ¹¹
		Farxiga 10mg
		Fiasp ¹¹
		Glyxambi
		Humalog ¹¹
		Humulin ¹¹
		Insulin Lispro ¹¹
		Invokamet
		Invokamet XR
		Invokana
		Janumet
		Janumet XR
		Januvia 100mg
		Jardiance
		Kazano
		Kombiglyze XR
		Lantus ¹¹ , Lantus Solostar ¹¹
		Levemir ¹¹
		Nesina
		Novolin ¹¹
		Novolog ¹¹
		Onglyza
		Oseni
Qtern		
Segluromet		
Steglatro		
Steglujan		
Synjardy		

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**	Drug class	Medications that will have a quantity limit ³		
January 1, 2020	DIABETES (cont)	Synjardy XR		
		Toujeo ¹¹		
		Tresiba ¹¹		
		Xigduo XR		
	HORMONAL AGENTS	Forteo ⁶		
	INFECTIONS	Bethkis ¹⁷		
		Cayston ¹⁷		
		Kitabis Pak ¹⁷		
		Tobi PodHaler, 300mg/5ml solution ¹⁷		
		tobramycin 300mg/5ml ampule, 300mg/5ml pak ¹⁷		
		Xifaxan ⁹		
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶		
	PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰		
		Cimzia ¹⁰		
		Cosentyx ¹⁰		
		Enbrel ¹⁰		
		Humira ¹⁰		
		Ilumya ¹⁰		
		Kevzara ¹⁰		
		Kineret ¹⁰		
Olumiant ¹⁰				
Orencia ¹⁰				
Otezla ¹⁰				
Siliq ¹⁰				
Simponi ¹⁰				
Stelara ¹⁰				
Taltz ¹⁰				
Tremfya ¹⁰				
Xeljanz ¹⁰				
Xeljanz XR ¹⁰				
Start date of change**	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives	
January 1, 2020	ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat		
		Stiolto Respimat		
		Striverdi Respimat		
	BLOOD PRESSURE/HEART MEDICATIONS	Betapace		generic beta blockers (e.g. metoprolol)
		Betapace AF		
		Bystolic		
		Coreg		
		Coreg CR		
		Corgard		
		Dutoprol		

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 ^{*,**}	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives	
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS (cont)	Inderal LA	generic beta blockers (e.g. metoprolol)	
		Inderal XL		
		Innopran XL		
		Kapspargo Sprinkle		
		Lopressor		
		Lopressor		
		Lopressor HCT		
		Sotylize		
		Tenoretic 100		
		Tenoretic 50		
		Tenormin		
		Toprol XL		
		Ziac		
		DIABETES		Adlyxin ⁵
	Bydureon ⁵			
	Byetta ⁵			
	Farxiga ⁵			
	Glyxambi ⁵			
	Invokana ⁵			
	Januvia ⁵			
	Jardiance ⁵			
	Onglyza ⁵			
	Ozempic ⁵			
	Qtern ⁵			
	Steglatro ⁵			
	Steglujan ⁵			
	Trulicity ⁵			
	Victoza ⁵			
	INFECTIONS	Doryx	doxycycline	
		Doryx MPC	doxycycline	
		doxycycline IR-DR	Generic products (e.g. doxycycline; minocycline)	
		Minocin	minocycline	
		Oracea	Generic products (e.g. doxycycline; minocycline)	
		Targadox	doxycycline	
		Vibramycin capsule	doxycycline	
	Start date of change ^{*,**}	Drug class	Medications that will be excluded from coverage	Additional information
	January 1, 2020	INFECTIONS	Avidoxy DK	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
Morgidox				

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

PERFORMANCE PRESCRIPTION DRUG LIST

Start date of change ^{*,**}	Drug class	Medications moving to preferred brand	
January 1, 2020	ASTHMA/COPD/RESPIRATORY	albuterol HFA	
	CHOLESTEROL MEDICATIONS	Vascepa	
	DIABETES	Segluromet ⁵	
		Steglatro	
	INFERTILITY	Gonal-F1, Gonal-F RFF1	
SEIZURE DISORDERS	Fycompa		
Start date of change ^{*,**}	Drug class	Medications moving to non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2020	HORMONAL AGENTS	Androgel ²	testosterone
		Cytome ²	liothyronine
	INFECTIONS	Stromectol ²	ivermectin
	INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject
	NUTRITIONAL/DIETARY	VitaPearl ²	generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Oxsoralen-Ultra ²	methoxsalen
	SKIN CONDITIONS	Ovace Plus ²	sodium sulfacetamide
Pramosone ²		hydrocortisone-pramoxine	
SUBSTANCE ABUSE	Suboxone	Buprenorphine/naloxone SL tab	
Start date of change ^{*,**}	Drug class	Medications that will require approval (prior authorization) ⁵	
January 1, 2020	AIDS/HIV	abacavir ⁵	
		abacavir-lamivudine ⁵	
		abacavir-lamivudine-zidovudine ⁵	
		Aptivus ⁵	
		atazanavir ⁵	
		Atripla ⁵	
		Cimduo ⁵	
		Complera ⁵	
		Delstrigo ⁵	
		Descovy ⁵	
		Edurant ⁵	
		efavirenz ⁵	
		Emtriva ⁵	
		Evotaz ⁵	
		fosamprenavir ⁵	
		Fuzeon ⁵	
		Intelence ⁵	
Invirase ⁵			
Isentress HD ⁵			
Juluca ⁵			

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**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	AIDS/HIV (cont)	Kaletra 100-25 mg, 200-50mg tablet ⁵
		lamivudine ⁵
		Lexiva suspension ⁵
		lopinavir-ritonavir ⁵
		nevirapine ⁵
		nevirapine ER ⁵
		Odefsey ⁵
		Pifeltro ⁵
		Prezcobix ⁵
		Retrovir vial ⁵
		Reyataz powder packet ⁵
		Selzentry ⁵
		Stribild ⁵
		Symtuza ⁵
		tenofovir ⁵
	Viread 150mg, 200mg, 250mg, powder ⁵	
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall ⁷
		amphetamine ⁷
		dexamethylphenidate ⁷
		dexamethylphenidate ER ⁷
		dextroamphetamine ⁷
		dextroamphetamine ER ⁷
		dextroamphetamine-amphetamine ⁷
		dextroamphetamine-amphetamine ER ⁷
		Evekeo ⁷
Focalin ⁷		
metadate ER ⁷		
methamphetamine ⁷		
Methylin ⁷		
methylphenidate ⁷		
methylphenidate CD ⁷		
methylphenidate ER ⁷		
methylphenidate ER (CD) ⁷		
methylphenidate ER (LA) ⁷		
methylphenidate LA ⁷		
procentra ⁷		
Relexxii ⁷		

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**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	Ritalin ⁷
		Vyvanse capsule ⁷
		Zenzedi ⁷
	CHOLESTEROL MEDICATIONS	Praluent
		Vascepa ⁴
	COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER
		hydrocodone-homatropine MBR
		hydromet
		promethazine-codeine
		promethazine-phenylephrine-codeine
		Tuxarin ER
		Tuzistra XR
	HORMONAL AGENTS	Cetrotide
		Forteo ⁶
		ganirelix
	INFECTIONS	Cayston
		Coartem
		Kitabis Pak
		Krintafel
		Malarone
		Plaquenil
		Qvalaquin
		Tobi PodHaler
		tobramycin 300mg/5ml ampule, 300mg/5ml pak
		INFERTILITY
	Follistim AQ	
	Gonal-F, Gonal-F RFF	
	Menopur	
	Novarel	
	Ovidrel	
	Pregnyl	
	MISCELLANEOUS	Exjade
		Ferriprox
		Jadenu
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	PAIN RELIEF AND INFLAMMATORY DISEASE	alfentanil
		Demerol

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**	Drug class	Medications that will require approval (prior authorization) ³	
January 1, 2020	PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Dilaudid	
		Duramorph	
		Humira(CF) Pen	
		hydromorphone	
		Infumorph	
		meperidine	
		methadone	
		mitigo	
		morphine injectable	
		remifentanil	
		sufentanil	
		Ultiva	
		SLEEP DISORDERS/SEDATIVES	Nembutal
	pentobarbital		
	Seconal		
	WEIGHT MANAGEMENT	Adipex-P	
		Belviq	
		Belviq XR	
		Contrave	
		Qsymia	
		Saxenda	
		Xenical	
	Start date of change**	Drug class	Medications that will have a quantity limit ³
	January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR
			Adzenys ER
			Adzenys XR-ODT
			Aptensio XR
Concerta			
Cotempla XR-ODT			
Daytrana			
Dexedrine			
dexmethylphenidate ER			
dextroamphetamine ER			
dextroamphetamine-amphetamine ER			
Dyanavel XR			
Focalin XR			
metadate ER			
methylphenidate CD			

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**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	methylphenidate ER
		methylphenidate ER (CD)
		methylphenidate ER (LA)
		methylphenidate LA
		Mydayis
		Quillichew ER
		Quillivant XR
		Relexxii
		Ritalin LA
		Vyvanse capsule
	Vyvanse chewable tablet	
	DIABETES	Admelog ¹¹ , Admelog Solostar ¹¹
		Afrezza ¹¹
		Apidra ¹¹ , Apidra Solostar ¹¹
		Basaglar ¹¹
		Farxiga 10mg
		Fiasp Flextouch ¹¹
		Glyxambi
		Humalog ¹¹
		Humulin ¹¹
Insulin Lispro ¹¹		
Invokamet		
Invokamet XR		
Invokana		
Janumet		
Janumet XR		
Januvia 100mg		
Januvia 25mg		
Jardiance		
Kazano		
Kombiglyze XR		
Lantus ¹¹ , Lantus Solostar ¹¹		
Levemir ¹¹		
Nesina		
Novolin ¹¹		
Novolog ¹¹		
Onglyza		
Oseni		
Qtern		
Segluromet		

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**	Drug class	Medications that will have a quantity limit ³	
January 1, 2020	DIABETES (cont)	Steglatro	
		Steglujan	
		Synjardy	
		Synjardy XR	
		Toujeo ¹¹	
		Tresiba ¹¹	
		Xigduo XR	
	HORMONAL AGENTS	Forteo ⁶	
	INFECTIONS	Bethkis ⁸	
		Cayston ⁸	
		Kitabis Pak ⁸	
		Tobi PodHaler ⁸	
		Tobi solution ⁸	
		tobramycin 300mg/5ml ampule, 300mg/5ml pak ⁸	
		Xifaxan ⁹	
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶	
	PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰	
		Cimzia ¹⁰	
		Cosentyx ¹⁰	
		Enbrel ¹⁰	
		Humira ¹⁰	
		Ilumya ¹⁰	
		Kevzara ¹⁰	
		Kineret ¹⁰	
		Olumiant ¹⁰	
		Orencia ¹⁰	
		Otezla ¹⁰	
		Siliq ¹⁰	
		Simponi ¹⁰	
		Stelara ¹⁰	
		Taltz ¹⁰	
	Tremfya ¹⁰		
Xeljanz ¹⁰			
Xeljanz XR ¹⁰			
Start date of change**	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS	Betapace AF	
		Bystolic	
		Coreg	
		Coreg CR	
		Corgard	
		Dutoprol	

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**	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS (cont)	Inderal LA	generic beta blockers (e.g. metoprolol)
		Inderal XL	
		Innopran XL	
		Kapspargo Sprinkle	
		Lopressor	
		Lopressor HCT	
		Sotylize	
		Tenoretic 100	
		Tenoretic 50	
		Tenormin	
		Toprol XL	
		Ziac	
		DIABETES	
	Byetta ⁵		
	Farxiga ⁵		
	Glyxambi ⁵		
	Januvia ⁵		
	Jardiance ⁵		
	Onglyza ⁵		
	Ozempic ⁵		
Qtern ⁵			
Steglatro ⁵			
Trulicity ⁵			
Victoza ⁵			
Start date of change**	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Combivir	lamivudine-zidovudine
		didanosine DR ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup
		stavudine ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Trizivir	abacavir-lamivudine-zidovudine
		Viramune suspension	nevirapine oral suspension
		Viread 300mg	tenofovir 300mg tablet
		Ziagen	abacavir

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**	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat	Incruse Ellipta
		Stiolto Respimat	Anoro Ellipta
		Striverdi Respimat	Serevent
	CANCER	Tarceva ¹⁴	erlotinib
		Zytiga 250mg ¹⁶	abiraterone
		Zytiga 500mg ¹⁵	abiraterone
	DIABETES	alogliptin ⁵	metformin, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
		alogliptin-metformin ⁵	metformin, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
		alogliptin-pioglitazone ⁵	metformin, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
	GASTROINTESTINAL/HEARTBURN	Colyte With Flavor Packets	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
		Golytely packet	
		Golytely solution	
		Moviprep	
		Nulytely With Flavor Packs	
		Osmoprep	
		Plenvu	
	INFECTIONS	doxycycline IR-DR	doxycycline, doxycycline monohydrate, minocycline ER
		Seysara	
	MISCELLANEOUS	Syprine	Depen, penicillamine, trientine
	MULTIPLE SCLEROSIS	Aubagio ⁵	Gilenya, Mayzent, Tecfidera
NUTRITIONAL/DIETARY	Nascobal	cyanocobalamin injection	
SKIN CONDITIONS	Enstilar	calcipotriene-betamethasone DP ointment, calcipotriene plus topical betamethasone, tazarotene cream	
	Taclonex ointment		
	Taclonex suspension		
Start date of change**	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	INFECTIONS	Avidoxy DK	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Morgidox	

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

ADVANTAGE PRESCRIPTION DRUG LIST

Start date of change**	Drug class	Medications moving to preferred brand	
January 1, 2020	ASTHMA/COPD/RESPIRATORY	albuterol HFA	
		Xolair	
	CHOLESTEROL MEDICATIONS	Vascepa	
	DIABETES	Segluromet	
		Steglatro	
	INFERTILITY	Gonal-F ¹ , Gonal-F RFF ¹	
SEIZURE DISORDERS	Fycompa		
Start date of change**	Drug class	Medications moving to non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Retrovir via ¹	zidovudine
	HORMONAL AGENTS	Androge ²	testosterone
	INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject
Start date of change**	Drug class	Medications that will require approval (prior authorization) ³	
January 1, 2020	AIDS/HIV	abacavir ⁵	
		abacavir-lamivudine ⁵	
		abacavir-lamivudine-zidovudine ⁵	
		Aptivus ⁵	
		atazanavir ⁵	
		Atripla ⁵	
		Cimduo ⁵	
		Complera ⁵	
		Delstrigo ⁵	
		Descovy ⁵	
		Edurant ⁵	
		efavirenz ⁵	
		Emtriva ⁵	
		Evotaz ⁵	
		fosamprenavir ⁵	
		Fuzeon ⁵	
		Intelence ⁵	
		Invirase ⁵	
		Isentress HD ⁵	
		Juluca ⁵	
Kaletra 100-25 mg, 200-50mg tablet ⁵			
lamivudine ⁵			
Lexiva suspension ⁵			
lopinavir-ritonavir ⁵			

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**	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	AIDS/HIV (cont)	nevirapine ⁵
		nevirapine ER ⁵
		Odefsey ⁵
		Pifeltro ⁵
		Prezcobix ⁵
		Retrovir vial ⁵
		Reyataz powder packet ⁵
		Selzentry ⁵
		Stribild ⁵
		Symtuza ⁵
		tenofovir ⁵
		Viread 150mg, 200mg, 250mg, powder ⁵
ATTENTION DEFICIT HYPERACTIVITY DISORDER		Adderall ⁷
		amphetamine ⁷
		dexmethylphenidate ⁷
		dexmethylphenidate ER ⁷
		dextroamphetamine ⁷
		dextroamphetamine ER ⁷
		dextroamphetamine-amphetamine ⁷
		dextroamphetamine-amphetamine ER ⁷
		Evekeo ⁷
		Focalin ⁷
		metadate ER ⁷
		methamphetamine ⁷
		Methylin ⁷
		methylphenidate ⁷
		methylphenidate CD ⁷
		methylphenidate ER ⁷
		methylphenidate ER (CD) ⁷
		methylphenidate ER (LA) ⁷
		methylphenidate LA ⁷
		procentra ⁷
Relexxii ⁷		
Ritalin ⁷		
Zenzedi ⁷		
CHOLESTEROL MEDICATIONS		Praluent
		Vascepa ⁴
COUGH/COLD MEDICATIONS		hydrocodone-chlorpheniramine ER
		hydrocodone-homatropine MBR

ADVANTAGE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will require approval (prior authorization) ⁵
January 1, 2020	COUGH/COLD MEDICATIONS (cont)	hydromet
		promethazine-codeine
		promethazine-phenylephrine-codeine
		Tuxarin ER
		Tuzistra XR
	HORMONAL AGENTS	Cetrotide
		Forteo ⁶
		ganirelix
	INFECTIONS	Cayston
		Coartem
		Kitabis Pak
		Krintafel
		Malarone
		Plaquenil
		Qualaquin
		Tobi PodHaler
		tobramycin 300mg/5ml ampule, 300mg/5ml pak
		INFERTILITY
	Follistim AQ	
	Gonal-F, Gonal-F RFF	
	Menopur	
	Novarel	
	Ovidrel	
	Pregnyl	
	MISCELLANEOUS	Exjade
		Ferriprox
		Jadenu
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	PAIN RELIEF AND INFLAMMATORY DISEASE	alfentanil
		Demerol
		Dilaudid
		Duramorph
		Humira(CF) Pen
		hydromorphone
		Infumorph
		mepерidine
		methadone
		mitigo
	morphine injectable	

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**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	remifentanil
		sufentanil
		Ultiva
	SLEEP DISORDERS/SEDATIVES	Nembutal
		pentobarbital
		Seconal
	WEIGHT MANAGEMENT	Adipex-P
		Belviq
		Belviq XR
		Contrave
		Qsymia
		Saxenda
		Xenical
Start date of change**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR
		Adzenys ER
		Adzenys XR-ODT
		Aptensio XR
		Concerta
		Cotempla XR-ODT
		Daytrana
		Dexedrine
		dexamethylphenidate ER
		dextroamphetamine ER
		dextroamphetamine-amphetamine ER
		Dyanavel XR
		Focalin XR
		metadate ER
		methylphenidate CD
		methylphenidate ER
		methylphenidate ER (CD)
		methylphenidate ER (LA)
		methylphenidate LA
		Mydayis
		Quillichew ER
		Quillivant XR
		Relexxii
Ritalin LA		
Vyvanse capsule		
Vyvanse chewable tablet		

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**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	DIABETES	Admelog ¹¹ , Admelog Solostar ¹¹
		Afrezza ¹¹
		Apidra ¹¹ , Apidra Solostar ¹¹
		Basaglar ¹¹
		Farxiga
		Fiasp Flextouch ¹¹
		Glyxambi
		Humalog ¹¹
		Humulin ¹¹
		Insulin Lispro ¹¹
		Invokamet
		Invokamet XR
		Invokana
		Janumet
		Janumet XR
		Januvia 100mg
		Jardiance
		Kazano
		Kombiglyze XR
		Lantus ¹¹ , Lantus Solostar ¹¹
		Levemir ¹¹
		Nesina
		Novolin ¹¹
		Novolog ¹¹
		Onglyza
		Oseni
		Qtern
		Segluromet
		Steglatro
		Steglujan
		Synjardy
		Synjardy XR
	Toujeo ¹¹	
Tresiba ¹¹		
Xigduo XR		
HORMONAL AGENTS	Forteo ⁶	

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**	Drug class	Medications that will have a quantity limit ³		
January 1, 2020	INFECTIONS	Bethkis ⁸		
		Cayston ⁸		
		Kitabis Pak ⁸		
		Tobi PodHaler ⁸		
		Tobi solution ⁸		
		tobramycin 300mg/5ml ampule, 300mg/5ml pak ⁸		
		Xifaxan ⁹		
		OSTEOPOROSIS PRODUCTS	Tymlos ⁶	
		PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰	
			Cimzia ¹⁰	
			Cosentyx ¹⁰	
			Enbrel ¹⁹	
			Humira ¹⁰	
			Ilumya ¹⁰	
			Kevzara ¹⁰	
			Kineret ¹⁰	
			Olumiant ¹⁰	
			Orencia ¹⁰	
			Otezla ¹⁰	
			Siliq ¹⁰	
	Simponi ¹⁰			
	Stelara ¹⁰			
	Taltz ¹⁰			
	Tremfya ¹⁰			
	Xeljanz ¹⁰			
	Xeljanz XR ¹⁰			
Start date of change**	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives	
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS	Betapace AF	generic beta blockers (e.g. metoprolol)	
		Coreg		
		Coreg CR		
		Corgard		
		Dutoprol		
		Inderal LA		
		Inderal XL		
		Innopran XL		
		Kaspargo Sprinkle		
		Lopressor		

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ADVANTAGE PRESCRIPTION DRUG LIST (cont)

Start date of change ^{*,**}	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	BLOOD PRESSURE/HEART MEDICATIONS (cont)	Lopressor HCT	generic beta blockers (e.g. metoprolol)
		Sotylize	
		Tenoretic 100	
		Tenoretic 50	
		Tenormin	
		Toprol XL	
		Ziac	
	DIABETES	Bydureon ⁵	metformin
		Byetta ⁵	
		Farxiga 10mg ⁵	
		Farxiga 5mg ⁵	
		Glyxambi ⁵	
		Januvia 100mg ⁵	
		Januvia 25mg ⁵	
		Januvia 50mg ⁵	
		Jardiance ⁵	
		Ozempic ⁵	
		Steglatro ⁵	
		Trulicity ⁵	
		Victoza ⁵	
Start date of change ^{*,**}	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Combivir	lamivudine-zidovudine
		didanosine DR ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup
		stavudine ⁵	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Trizivir	abacavir-lamivudine-zidovudine
		Viramune suspension	nevirapine oral suspension
		Viread 300mg	tenofovir 300mg tablet
		Ziagen	abacavir
		ASTHMA/COPD/RESPIRATORY	Striverdi Respimat
	CANCER	Tarceva ¹⁴	erlotinib
		Zytiga 250mg ¹⁶	abiraterone
		Zytiga 500mg ¹⁵	abiraterone

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ADVANTAGE PRESCRIPTION DRUG LIST (cont)

Start date of change**	Drug class	Medications that will no longer be covered ¹³	Generic and/or preferred brand alternatives
January 1, 2020	DIABETES	alogliptin ⁵ alogliptin-metformin ⁵ alogliptin-pioglitazone ⁵	metformin, Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
	GASTROINTESTINAL/HEARTBURN	Colyte With Flavor Packets Golytely packet Golytely solution Moviprep Nulytely With Flavor Packs Osmoprep Plenvu	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
	INFECTIONS	doxycycline IR-DR Seysara	doxycycline, doxycycline monohydrate, minocycline ER
	MISCELLANEOUS	Syprine	Depen, penicillamine, trientine
	MULTIPLE SCLEROSIS	Aubagio ⁵	Gilenya, Mayzent, Tecfidera
	NUTRITIONAL/DIETARY	Nascobal	cyanocobalamin injection
	Start date of change**	Drug class	Medications that will be excluded from coverage
January 1, 2020	INFECTIONS	Avidoxy DK Morgidox	Talk with your doctor to find out if there's a lower-cost alternative that will work for you

LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST

Start date of change**	Drug class	Medications moving to preferred brand	
January 1, 2020	ASTHMA/COPD/RESPIRATORY	albuterol HFA	
	CHOLESTEROL MEDICATIONS	Vascepa	
	DIABETES	Segluromet Steglatro	
	INFERTILITY	Gonal-F ¹ , Gonal-F RFF ¹	
	SEIZURE DISORDERS	Fycompa	
Start date of change**	Drug class	Medications moving to non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2020	AIDS/HIV	Epivir 10mg oral solution ¹	lamivudine
	ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat	Incruse Ellipta
		Stiolto Respimat	Anoro Ellipta
		Striverdi Respimat	Serevent
	CANCER	Tarceva ^{1, 14}	erlotinib
	GASTROINTESTINAL/HEARTBURN	Golytely packet	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, Peg 3350-Electrolyte, Prepopik, SuPrep
	HORMONAL AGENTS	Androgel ²	testosterone
		Cytome ²	liothyronine
INFECTIONS	Stromectol ²	ivermectin	
INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-ject	

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LEGACY (PERFORMANCE) PRESCRIPTION DRUG LIST (cont)

Start date of change ^{*,**}	Drug class	Medications moving to non-preferred brand	Generic and/or preferred brand alternatives
January 1, 2020	MULTIPLE SCLEROSIS	Aubagio ¹	Gilenya, Tecfidera
	NUTRITIONAL/DIETARY	VitaPearl ²	generic prenatal vitamin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Oxsoralen-Ultra ²	methoxsalen
	SKIN CONDITIONS	Ovace Plus ²	sodium sulfacetamide
Pramosone ²		hydrocortisone-pramoxine	
Start date of change ^{*,**}	Drug class	Medications that will require approval (prior authorization) ³	
January 1, 2020	AIDS/HIV	abacavir ⁵	
		abacavir-lamivudine ⁵	
		abacavir-lamivudine-zidovudine ⁵	
		Aptivus ⁵	
		atazanavir ⁵	
		Atripla ⁵	
		Cimduo ⁵	
		Combivir	
		Complera ⁵	
		Crixivan ⁵	
		Delstrigo ⁵	
		Descovy ⁵	
		didanosine DR	
		Edurant ⁵	
		efavirenz ⁵	
		Emtriva ⁵	
		Epivir 10mg oral solution	
		Epivir 150mg, 300mg tablet	
		Epzicom	
		Evotaz ⁵	
		fosamprenavir ⁵	
		Fuzeon ⁵	
		Intelence ⁵	
		Invirase ⁵	
		Isentress HD ⁵	
		Juluca ⁵	
		Kaletra 100-25 mg, 200-50mg tablet ⁵	
Kaletra solution			
lamivudine ⁵			
Lexiva suspension ⁵			
Lexiva tablet			
lopinavir-ritonavir ⁵			

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**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	AIDS/HIV (cont)	nevirapine ⁵
		nevirapine ER ⁵
		Norvir
		Odefsey ⁵
		Pifeltro ⁵
		Prezcobix ⁵
		Rescriptor ⁵
		Retrovir syrup, capsule, vial
		Reyataz capsule
		Reyataz powder packet ⁵
		Selzentry ⁵
		stavudine ⁵
		Stribild ⁵
		Sustiva
		Symtuza ⁵
		tenofovir ⁵
		Trizivir
		Videx ⁵
		Videx EC ⁵
		Viracept ⁵
		Viramune suspension
		Viramune tablet
		Viramune XR
		Viread 150mg, 200mg, 250mg, powder ⁵
		Viread 300mg
		Ziagen
		ATTENTION DEFICIT HYPERACTIVITY DISORDER
	Adderall XR ⁷	
	amphetamine ⁷	
	Aptensio XR ⁷	
	Concerta ⁷	
	Desoxyn ⁷	
	Dexedrine ⁷	
dexmethylphenidate ⁷		
dexmethylphenidate ER ⁷		
dextroamphetamine ⁷		
dextroamphetamine ER ⁷		
dextroamphetamine-amphetamine ⁷		
dextroamphetamine-amphetamine ER ⁷		

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**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	Evekeo ⁷
		Focalin ⁷
		Focalin XR ⁷
		metadate ER ⁷
		methamphetamine ⁷
		Methylin ⁷
		methylphenidate ⁷
		methylphenidate CD ⁷
		methylphenidate ER ⁷
		methylphenidate ER (CD) ⁷
		methylphenidate ER (LA) ⁷
		methylphenidate LA ⁷
		Mydayis ⁷
		procentra ⁷
		Relexxii ⁷
		Ritalin ⁷
		Ritalin LA ⁷
		Vyvanse capsule ⁷
		Zenzedi ⁷
	CHOLESTEROL MEDICATIONS	Vascepa ⁴
	COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER
		hydrocodone-homatropine MBR
		hydromet
		promethazine-codeine
		promethazine-phenylephrine-codeine
		Tussicaps
		Tuxarin ER
		Tuzistra XR
	DIABETES	alogliptin ⁵
		alogliptin-metformin ⁵
		alogliptin-pioglitazone ⁵
		Jentadueto ⁵
		Jentadueto XR ⁵
		Kazano
		Nesina
		Oseni
	Tradjenta ⁵	
	GASTROINTESTINAL/HEARTBURN	Colyte With Flavor Packets
		Golytely packet

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**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	GASTROINTESTINAL/HEARTBURN (cont)	Golytely solution
		Moviprep
		Nulytely With Flavor Packs
		Osmoprep
		Plenvu
	HORMONAL AGENTS	Cetrotide
		Forteo ⁶
		ganirelix
	INFECTIONS	Arakoda
		Bethkis
		Cayston
		Coartem
		Kitabis Pak
		Krintafel
		Malarone
		Plaquenil
		Qualaquin
		Seysara
		Tobi PodHaler
		Tobi solution
		tobramycin 300mg/5ml ampule, 300mg/5ml pak
		INFERTILITY
	Follistim AQ	
	Gonal-F, Gonal-F RFF	
	Menopur	
	Novarel	
	Ovidrel	
	Pregnyl	
	MISCELLANEOUS	Exjade
		Ferriprox
		Jadenu
	NUTRITIONAL/DIETARY	Nascobal
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
PAIN RELIEF AND INFLAMMATORY DISEASE	alfentanil	
	Demerol	
	Dilaudid	
	Duramorph	
	Humira(CF) Pen	

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**	Drug class	Medications that will require approval (prior authorization) ³	
January 1, 2020	PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	hydromorphone	
		Infumorph	
		meperidine	
		methadone	
		mitigo	
		morphine injectable	
		remifentanil	
		sufentanil	
		Ultiva	
	SKIN CONDITIONS	Enstilar	
		Taclonex ointment	
		Taclonex suspension	
	SLEEP DISORDERS/SEDATIVES	Nembutal	
		pentobarbital	
		Seconal	
	WEIGHT MANAGEMENT	Adipex-P	
		Belviq	
		Belviq XR	
		Contrave	
		Qsymia	
		Saxenda	
		Xenical	
	Start date of change**	Drug class	Medications that will have a quantity limit ³
	January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall XR
			Adzenys ER
			Adzenys XR-ODT
			Aptensio XR
			Concerta
			Cotempla XR-ODT
			Daytrana
			Dexedrine
			dexmethylphenidate ER
dextroamphetamine ER			
dextroamphetamine-amphetamine ER			
Dyanavel XR			
Focalin XR			
metadate ER			
methylphenidate CD			

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**	Drug class	Medications that will have a quantity limit ³	
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	methylphenidate ER	
		methylphenidate ER (CD)	
		methylphenidate ER (LA)	
		methylphenidate LA	
		Mydayis	
		Quillichew ER	
		Quillivant XR	
		Relexxii	
		Ritalin LA	
		Vyvanse capsule	
		Vyvanse chewable tablet	
		DIABETES	Admelog ¹¹ , Admelog Solostar ¹¹
			Afrezza ¹¹
	alogliptin		
	alogliptin-metformin		
	alogliptin-pioglitazone		
	Apidra ¹¹ , Apidra Solostar ¹¹		
	Basaglar ¹¹		
	Farxiga 10mg		
	Fiasp Flextouch ¹¹		
	Glyxambi		
	Humalog ¹¹		
	Humulin ¹¹		
	Insulin Lispro ¹¹		
	Invokamet		
Invokamet XR			
Invokana			
Janumet			
Janumet XR			
Januvia 100mg			
Jardiance			
Kazano			
Kombiglyze XR			
Lantus ¹¹ , Lantus Solostar ¹¹			
Levemir ¹¹			
Nesina			
Novolin ¹¹			

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**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	DIABETES (cont)	Novolog ¹¹
		Onglyza
		Oseni
		Qtern
		Segluromet
		Steglatro
		Steglujan
		Synjardy
		Synjardy XR
		Toujeo ¹¹
		Tresiba ¹¹
		Xigduo XR
	HORMONAL AGENTS	Forteo ⁶
	INFECTIONS	Bethkis ¹⁷
		Cayston ¹⁷
		Kitabis Pak ¹⁷
		Tobi PodHaler ¹⁷
		Tobi solution ¹⁷
		tobramycin 300mg/5ml ampule, 300mg/5ml pak ¹⁷
		Xifaxan ⁹
	OSTEOPOROSIS PRODUCTS	Tymlos ⁶
	PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰
		Cimzia ¹⁰
		Cosentyx ¹⁰
		Enbrel ¹⁰
		Humira ¹⁰
		Ilumya ¹⁰
		Kevzara ¹⁰
		Kineret ¹⁰
		Olumiant ¹⁰
		Orencia ¹⁰
		Otezla ¹⁰
		Siliq ¹⁰
		Simponi ¹⁰
		Stelara ¹⁰
		Taltz ¹⁰
		Tremfya ¹⁰
		Xeljanz ¹⁰
		Xeljanz XR ¹⁰

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**	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	ASTHMA/COPD/RESPIRATORY	Spiriva, Spiriva Respimat	Incruse Ellipta
		Stiolto Respimat	Anoro Ellipta
		Striverdi Respimat	Serevent
	BLOOD PRESSURE/HEART MEDICATIONS	Betapace	generic beta blockers (e.g. metoprolol)
		Betapace AF	
		Bystolic	
		Coreg	
		Coreg CR	
		Corgard	
		Dutoprol	
		Inderal LA	
		Inderal XL	
		Innopran XL	
		Kaspargo Sprinkle	
		Lopressor	
		Lopressor HCT	
		Sotylize	
		Tenoretic 100	
		Tenoretic 50	
		Tenormin	
Toprol XL			
Ziac			
DIABETES	Adlyxin ⁵	metformin	
	alogliptin ⁵		
	Bydureon ⁵		
	Byetta ⁵		
	Farxiga ⁵		
	Glyxambi ⁵		
	Invokana ⁵		
	Januvia ⁵		
	Jardiance ⁵		
	Onglyza ⁵		
	Ozempic ⁵		
	Qtern ⁵		
	Steglatro ⁵		
	Steglujan ⁵		
Trulicity ⁵			
Victoza ⁵			

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**	Drug class	Medications being added to Step Therapy Program ^{3,12}	Generic and/or preferred brand alternatives
January 1, 2020	INFECTIONS	Doryx	doxycycline
		Doryx MPC	doxycycline
		doxycycline IR-DR	Generic products (e.g. doxycycline; minocycline)
		Minocin	minocycline
		Oracea	Generic products (e.g. doxycycline; minocycline)
		Targadox	doxycycline
		Vibramycin capsule	doxycycline
Start date of change**	Drug class	Medications that will be excluded from coverage	Additional information
January 1, 2020	INFECTIONS	Avidoxy DK	Talk with your doctor to find out if there's a lower-cost alternative that will work for you
		Morgidox	

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1. 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 Accredo, a Cigna specialty pharmacy, to receive coverage. For plans that cover specialty medications on a specialty tier, this change won't affect the cost of the medication. Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers specialty medications.
2. 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 received approval in 2017 through a review process for your plan to cover this medication, this change won't affect you.
5. If you're currently taking this medication, this change won't affect you. It only affects new prescriptions.
6. If you're currently taking this medication, this change won't affect you until January 1, 2022.
7. **This change may not apply to your specific plan.** However, if it does, this change won't affect you if you're under the age of 18.
8. If you currently have approval for your plan to cover this medication, starting January 1st, you won't be able to receive coverage for more than the new quantity limit.
9. If you're taking this medication to treat hepatic encephalopathy, this change won't affect you.
10. Depending on the health condition you're using this medication to treat, you may be able to receive coverage for more than the new quantity limit. Talk with your doctor about your options.
11. If you've been filling a larger amount on a regular basis, you may be able to receive coverage for more than the new quantity limit. Talk with your doctor about your options.
12. 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.
13. 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 on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.
14. If you currently have approval for your plan to cover this medication, your approval will end on January 1, 2020. If you still need to take this medication, your doctor will have to ask Cigna to consider approving continued coverage. If you receive approval from Cigna, the medication may cost you more to fill as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance.
15. If Cigna approves coverage of this medication through a review process, it may cost you more at the pharmacy. Starting January 1st, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
16. If Cigna approves coverage of this medication through a review process, it may cost you more at the pharmacy. Starting January 1st, you'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it. And depending on your plan, you may have to pay an additional charge (on top of your plan's cost-share) for filling a brand name medication that has a generic equivalent available.
17. If you're currently taking this medication to treat cystic fibrosis, this change won't affect you.

Cigna reserves the right to make changes to the Drug List without notice. The plan may cover additional medications; please refer the Drug List Search Tool on the Cigna for Health Care Professionals website for additional information. 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 the plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with the 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 patients and/or their plan.



* State laws in **Texas** and **Louisiana** may require your plan to cover these medications at the current benefit level until your plan renews. This means that if the 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 your Cigna representative.

** **Illinois** state law allows customers to receive continued coverage of their medication, and at their current cost share (tier) level, if their doctor requests approval through a "medical necessity" review process. To find out if this state law applies to your plan, please call your Cigna representative.

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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