

PRESCRIPTION DRUG LIST CHANGES



For Providers

2020

Changes are being made to Cigna's Prescription Drug List (formulary) that may affect some of your patients.

These changes are listed by formulary name and by effective date.

Below is the list of medications that are changing coverage levels. Please note that the coverage status of medications under our Prescription Drug Lists are always subject to the cost-share requirements, exclusions and coverage limitations of particular benefit plans.

Drug lists used by patients who have coverage through their employer

STANDARD FORMULARY

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 ²	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 FORMULARY (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 FORMULARY (cont)

Start date of change**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	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
		Quaalquin
		Tobi PodHaler
		tobramycin 300mg/5ml ampule, 300mg/5ml pak

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STANDARD FORMULARY (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 FORMULARY (cont)

Start date of change*,**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	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 FORMULARY (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 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 FORMULARY (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)	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	Please work with your patient to find a lower-cost option if appropriate
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup
		stavudine ⁵	Please work with your patient to find a lower-cost option if appropriate

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STANDARD FORMULARY (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 FORMULARY (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	Please work with your patient to find an appropriate option.
		Morgidox	

VALUE FORMULARY

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 FORMULARY

Start date of change**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	AIDS/HIV (<i>cont</i>)	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 FORMULARY (cont)

Start date of change**	Drug class	Medications that will require approval (prior authorization) ³
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 FORMULARY (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 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
	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 FORMULARY (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 FORMULARY (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	
		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	
		Byetta ⁵	
		Farxiga 10mg ⁵	
Farxiga 5mg ⁵			
Glyxambi ⁵			
Januvia ⁵			
Jardiance ⁵			
Ozempic ⁵			
Steglatro ⁵			
Trulicity ⁵			
Victoza ⁵			
		generic beta blockers (e.g. metoprolol)	
		metformin	
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	
		didanosine DR ⁵	
		Eпивir 10mg oral solution ¹⁵	
		Eпивir 150mg, 300mg tablet	
		Epzicom	
		Retrovir syrup, capsule	
		lamivudine-zidovudine	
		Please work with your patient to find a lower-cost option if appropriate	
		lamivudine	
		lamivudine	
		abacavir-lamivudine	
		zidovudine 100mg capsule, syrup	

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VALUE FORMULARY (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	Please work with your patient to find a lower-cost option if appropriate
		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	Please work with your patient to find an appropriate option.
		famotidine tablet	
		nizatidine capsule	
		pepcid	
		ranitidine	
	INFECTIONS	Avidoxy DK	
		Morgidox	

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LEGACY (STANDARD) FORMULARY

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) FORMULARY (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) FORMULARY (cont)

Start date of change**	Drug class	Medications that will require approval (prior authorization) ³
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) FORMULARY (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
		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) FORMULARY (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) FORMULARY (cont)

Start date of change**	Drug class	Medications that will have a quantity limit ³
January 1, 2020	ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	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) FORMULARY (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	
		Betapace AF	
		Bystolic	
		Coreg	
		Coreg CR	
		Corgard	
		Dutoprol	
		Incruse Ellipta	
		Anoro Ellipta	
		Serevent	
		generic beta blockers (e.g. metoprolol)	

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 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	Please work with your patient to find an appropriate option.
Morgidox				

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

PERFORMANCE FORMULARY

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 FORMULARY *(cont)*

Start date of change**	Drug class	Medications that will require approval (prior authorization) ³
January 1, 2020	AIDS/HIV <i>(cont)</i>	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 FORMULARY *(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>	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
		Qalaaquin
		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 FORMULARY (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
	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		

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 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 FORMULARY (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	generic beta blockers (e.g. metoprolol)
		Bystolic	
		Coreg	
		Coreg CR	
		Corgard	
		Dutoprol	

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 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	
		Kaspargo 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	Please work with your patient to find a lower-cost option if appropriate
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup
		stavudine ⁵	Please work with your patient to find a lower-cost option if appropriate
		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 FORMULARY (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	Please work with your patient to find an appropriate option.
		Morgidox	

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

ADVANTAGE FORMULARY

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 vial ¹	zidovudine
	HORMONAL AGENTS	AndroGel 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 FORMULARY (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
		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
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	

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 require approval (prior authorization) ³
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 FORMULARY (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
		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		

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 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

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ADVANTAGE FORMULARY (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	
		Enbre 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 FORMULARY (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	Please work with your patient to find a lower-cost option if appropriate
		Epivir 10mg oral solution ¹⁵	lamivudine
		Epivir 150mg, 300mg tablet	lamivudine
		Epzicom	abacavir-lamivudine
		Retrovir syrup, capsule	zidovudine 100mg capsule, syrup
		stavudine ⁵	Please work with your patient to find a lower-cost option if appropriate
		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 FORMULARY (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	Additional information
January 1, 2020	INFECTIONS	Avidoxy DK Morgidox	Please work with your patient to find an appropriate option.

LEGACY (PERFORMANCE) FORMULARY

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) FORMULARY (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) FORMULARY (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 ⁷
			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) FORMULARY (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
	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) FORMULARY (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) FORMULARY (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) FORMULARY (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) FORMULARY (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) FORMULARY (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) FORMULARY (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	Please work with your patient to find an appropriate option.
		Morgidox	

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

- Some plans cover specialty medications on a specialty tier, may limit coverage to a 30-day supply and/or require the use of Accredo, a Cigna specialty pharmacy, to receive coverage. For plans that cover these medications on a specialty tier, this change won't affect the cost of the medication.
- If your patient's plan has Member Pay Difference (MPD), the MPD penalty will apply to this medication as of 1/1/20. However, if your patient's plan allows for Dispense as Written (DAW) and you request the brand, the penalty won't apply.
- These changes may not apply to your patient's specific plan.** Not all plans include requirements for prior authorization, quantity limits and/or Step Therapy.
- This change won't affect your patients who received approval for coverage in 2017 through a "medical necessity" review process.
- For new prescriptions only. This change won't affect your patients currently taking this medication.
- For your patients currently taking this medication, this change won't affect them until January 1, 2022.
- This change may not apply to your patient's specific plan.** If it does, it will only affect your patients age 18 and over.
- Applies to all customers, including any of your patients who currently have approval to receive coverage for this medication.
- This change doesn't affect your patients currently taking this medication to treat hepatic encephalopathy.
- Depending on the health condition this medication is being used to treat, your patient may be able to receive coverage for more than the new quantity limit.
- This change won't affect your patients who are consistently exceeding the quantity limit.
- There is a "medical necessity" review process in place for your patients who have proven they have exhausted medication alternatives and would like to use a Step Therapy medication.
- There is a "medical necessity" review process in place for your patients who have proven they have exhausted medication alternatives and would like to use a medication moving to not-covered status.
- For your patients who currently have approval to receive coverage for this drug, that approval will end on 1/1/20. To receive continued coverage, your office will have to request approval through a "medical necessity" review process. If Cigna approves continued coverage of this medication your patient will pay a higher cost-share to fill the prescription. They'll pay their tier 3 (non-preferred brand) copay or coinsurance.
- If Cigna approves coverage of this medication through a "medical necessity" review process, your patient will pay a higher cost-share to fill the prescription. They'll pay their tier 3 (non-preferred brand) copay or coinsurance.
- If Cigna approves coverage of this medication through a "medical necessity" review process, your patient will pay a higher cost-share to fill the prescription. They'll pay their tier 3 (non-preferred brand) copay or coinsurance. If your patient's plan has Member Pay Difference (MPD), the MPD penalty will also apply to this medication as of 1/1/20. However, if your patient's plan allows for Dispense as Written (DAW) and you request the brand, the penalty won't apply.
- This change doesn't affect your patients currently taking this medication to treat cystic fibrosis.

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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