

# AN ACTIVE, DISCIPLINED APPROACH TO FORMULARY MANAGEMENT TO DRIVE BETTER PLAN AFFORDABILITY

## Changes begin 1/1/19

Cigna's January 2019 formulary changes continue to reflect Cigna's low-net drug cost approach and proven utilization management (UM) strategies. Cigna Pharmacy management (CPM) continues to prefer lowest-net-cost drugs, where clinically appropriate alternatives exist regardless of incentives such as rebates. Over the past few years, this strategy has delivered significant affordability to our clients while improving the health of Cigna customers.<sup>1</sup> Overall, this approach supports lower total health care costs and challenges drug manufacturers to rethink traditional pricing tactics.

For January 2019, we focused on drugs that are:

- › Inappropriately priced compared with identical or near identical products
- › Used for conditions where other more cost-effective drugs are available
- › Where UM strategies will be effective in promoting appropriate use of high-cost drugs (e.g., age limits, prior authorizations)

We also expanded our drug list and reduced copay/coinsurance for certain drugs used for conditions such as HIV, stomach acid (PPIs) and inflammatory (Crohn's and ulcerative colitis). The goal being to enhance clinical outcomes and customer drug adherence.

### Potential savings

Clients who have our Standard, Value, Advantage or Performance drug lists may see a savings of approximately 1% to 3%, or \$1 to \$3, per member per month. Those moving from Standard or Performance to a Value or Advantage drug list may see a savings of 4% to 6%, or \$3.50 to \$5.50, per member per month.\*

\* Cigna National Book of Business January 2019 formulary savings analysis. Individual client results will vary.

\*\* Cigna's national book of business estimate as of 7/1/18 of customers disrupted by 1/1/18 formulary changes.

### Affected major drug classes

- › Attention deficit hyperactivity disorder (ADHD)
- › Anticonvulsants
- › Topical acne
- › High cholesterol (PCSK9)
- › Topical antivirals
- › Opioids
- › HIV/AIDS
- › Proton pump inhibitors (PPI)
- › Inflammatory conditions

### Customer impact

Approximately 50,000 customers will be affected by these changes - less than 0.05% of our customer base.\*\* Letters and emails will be sent to affected customers early October 2018 and a reminder notification sent mid-November and January 2019. Prescribers will also be notified.

**Below is a list of drug classes and drugs that are moving to not-covered or non-preferred brand status, or will require approval for coverage on the Performance Formulary, beginning January 1, 2019.<sup>2</sup>**

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

Generic drugs start with a lowercase letter and brand-name drugs start with a capital letter.

\* There is a "medical necessity" review process in place for customers who have proven they have exhausted drug alternatives and would like to use a drug moving to not-covered status.

\*\* Current authorization for this drug will expire on 1/1/19.

\*\*\* This change does not affect customers taking this drug to treat a seizure disorder.

\*\*\*\* This change does not affect customers taking this drug to treat a seizure disorder. However, these customers will pay a higher cost-share (non-preferred brand) to fill this prescription.

\*\*\*\*\* For new prescriptions only. This change does not affect customers currently taking this drug.

DRUG CLASS	NON-PREFERRED BRAND DRUG(S)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CONTRACEPTION PRODUCTS	Beyaz <sup>++</sup>	drospirenone-ethinyl estradiol/ levomefolate, Rajani
DIURETICS	Edecrin <sup>++</sup>	bumetanide, furosemide, torsemide
NUTRITIONAL/DIETARY	K-Tab ER 20 mEq <sup>++</sup>	Klor-Con, potassium chloride
TRANSPLANT MEDICATIONS	Neoral 100mg capsule <sup>+</sup>	cyclosporine modified <sup>+</sup> , Gengraf <sup>+</sup>
	Prograf 1mg capsule <sup>+</sup>	tacrolimus <sup>+</sup>
	Rapamune 0.5, 1, 2mg tablets <sup>+</sup>	sirolimus <sup>+</sup>
DRUG CLASS	DRUG(S) REQUIRING PRIOR AUTHORIZATION <sup>^</sup>	
ASTHMA/COPD/RESPIRATORY	Symdeko	
BLOOD MODIFIERS/BLEEDING DISORDERS	Ceprotin	
	Coagadex	
	Profilnine 1500 unit vial	
CANCER	Arzerra 100mg/5ml vial	
	docetaxel 200mg/10ml vial	
	Evomela	
	Lartruvo	
	Metastron	
	Quadramet	
	Zevalin	
HORMONAL AGENTS	Zilretta	
MISCELLANEOUS	BAL in Oil	
	calcium disodium versenate	
	Vizamyl	
PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral <sup>^^^</sup>	
	Actiq <sup>^^^</sup>	
	Fentanyl <sup>^^^</sup>	
	Fentora <sup>^^^</sup>	
	Hyalgan vial	
	Lazanda <sup>^^^</sup>	
	Subsys <sup>^^^</sup>	
SEIZURE DISORDERS	Aptiom <sup>^^</sup>	
	Banzel <sup>^^</sup>	
	Briviact <sup>^^</sup>	
	Fycompa <sup>^^</sup>	
	Oxtellar XR <sup>^^</sup>	
	Spritam <sup>^^</sup>	
	Vimpat <sup>^^</sup>	

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<sup>+</sup> This is a specialty drug. Some plans cover these drugs on a specialty tier, may limit coverage to a 30-day supply and/or require the use of Cigna Specialty Pharmacy Services<sup>SM</sup> to receive coverage. For plans that cover these drugs on a specialty tier, this change will not affect the cost of the drug.

<sup>++</sup> If your plan has Member Pay Difference (MPD), the MPD penalty will apply to this drug as of 1/1/19. However, if your plan allows for Dispense as Written (DAW) and the doctor requests the brand, the penalty will not apply.

<sup>^</sup> These changes may not apply to your plan. Not all plans include requirements for prior authorization, quantity limits and/or age.

<sup>^^</sup> This change does not affect customers under the age of 18 who are taking this drug to treat a seizure disorder.

<sup>^^^</sup> For individuals taking this drug as part of a cancer treatment program, the drug will be covered, with prior authorization required.

DRUG CLASS	DRUG(S) WITH A QUANTITY LIMIT <sup>^</sup>
ASTHMA/COPD/RESPIRATORY	Kalydeco
	Orkambi
DIABETES	Adlyxin
	Byetta
GASTROINTESTINAL/HEARTBURN	Dexilant DR capsule <sup>^^^^</sup>
	esomeprazole DR cap <sup>^^^^</sup>
	Nexium DR packet <sup>^^^^</sup>
INFECTIONS	Difcid
DRUG CLASS	DRUG(S) WITH AN AGE REQUIREMENT <sup>^</sup>
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER <sup>^^^^^</sup>
	Adzenys XR-ODT <sup>^^^^^</sup>
	Daytrana <sup>^^^^^</sup>
	Dyanavel XR <sup>^^^^^</sup>
	Quilichew ER <sup>^^^^^</sup>
	Quillivant XR <sup>^^^^^</sup>
Vyvanse chewable <sup>^^^^^</sup>	

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<sup>^</sup> These changes may not apply to your plan. Not all plans include requirements for prior authorization, quantity limits and/or age.

<sup>^^^^</sup> This change does not affect customers taking this drug to treat Zollinger-Ellison syndrome (ZES).

<sup>^^^^^</sup> This change does not affect customers under the age of 13.



**Please contact your Cigna account manager or service partner if you'd like to discuss these changes.**



1. For Cigna formularies that use low net drug cost approach. Cigna National Book of Business pricing analysis 2017 shows \$42 per member per year savings. Individual client/customer results will vary and are not guaranteed.
2. 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 formulary, is moved to a higher cost-share tier or needs approval, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call your Cigna representative.

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