



September 26, 2017

Jon Maesner, PharmD
Chief Pharmacy Officer
Cigna Pharmacy Management

Re: Changes in drug formulary, effective January 1, 2018

To help guide our customers to more affordable drug therapy options, we will make changes to our formularies effective January 1, 2018, focusing on the following:

- **High-cost/low-value drugs.** We will remove drugs that have experienced significant price increases, or are inappropriately priced compared to identical or near-identical products.*
- **Opioids.** We will remove OxyContin from our formularies and offer preferred brand alternatives such as Xtampza[®] ER. The manufacturers of alternatives have demonstrated a willingness to improve affordability and support our goal to reduce opioid prescriptions by 25 percent by 2019.*
- **Diabetes – long-acting insulin (self-injected).** We will remove Lantus[®] and Toujeo[®] from our formularies and offer Basaglar[®], Levemir[®], and Tresiba[®] as less-costly, clinically equivalent alternatives.*
- **Diabetes – short-acting insulin (self-injected).** We will remove NovoLog[®] and Novolin from our standard formulary and offer Humalog[®] and Humulin[®] as less-costly, clinically equivalent alternatives.* NovoLog and Novolin were previously removed from our value formulary. These drugs will remain on our legacy formulary.
- **Specialty Pharmacy, Oncology**
 - Chronic myeloid leukemia: Tasigna[®] will be moved to preferred brand status.
 - Non-small cell lung cancer: Tarceva[®] will be the preferred option and will only impact patients who are newly starting epidermal growth factor receptor mutated (EGFR+) therapy. Patients who are currently in EGFR+ therapy will be grandfathered until their treatment is changed. In the event there is a new start for EGFR+ therapy utilizing a drug other than Tarceva (i.e. Iressa and Gilotrif), providers will need to follow the prior authorization process and establish medical necessity in order to qualify for a drug other than Tarceva.
 - Medications to prevent nausea and vomiting prior to and during chemotherapy: Select brand-name drugs will require prior authorization to ensure appropriate use. The following generic drugs will be available without prior authorization: ondansetron, granisetron, and aprepitant.
- **Non-FDA approved.** We will exclude approximately 75 drugs that are not approved by the U.S. Food & Drug Administration (FDA) from our formularies. Medical necessity review is not available for non-FDA approved drugs because they are excluded from standard benefit plans.

*Drugs removed from formularies can be considered for coverage through Cigna's medical necessity review process unless otherwise excluded by a benefit plan.

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As a result of these changes, your patients with a Cigna Pharmacy Benefit plan may have a drug that will:

- Move to preferred brand status
- Move tiers from preferred to non-preferred brand
- Be moved to non-covered status (covered only through a medical necessity exception review)
- Be reviewed under our other utilization management program (e.g., prior authorization, step therapy, quantity limits, age limits)
- Be excluded by a benefit plan (no medical necessity exception permitted; e.g., non-FDA approved drugs)

What this means to you and your patients with Cigna coverage

We identified one or more of your patients with a Cigna pharmacy benefit who has been prescribed a drug that is affected by this change. In early October, we will send letters explaining the drug list changes to affected customers. **Customers may contact you directly to discuss drug alternatives.**

Additional information

For a listing of the affected drugs, or a way to search for alternative drugs for your patients, please refer to the following resources, both located on our Cigna for Health Care Professionals website (CignaforHCP.com):

| Resource | Description | Where to find |
|--|--|---|
| Prescription drug list changes for January 2018 | Enclosed is a list that highlights the covered preferred brand-name and generic drug changes within the affected drug classes. You can also find this resource on the Cigna for Health Care Professionals website. | Go to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > 2018 Prescription Drug List Changes. <i>You do not need to be a registered user of the website to access this list.</i> |
| Customer-specific drug coverage search tool | This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view the customer's out-of-pocket costs based on their plan benefits. | Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i> |

If you have questions about these changes, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

Thank you for your shared commitment to help our customers better manage their medication therapies and improve their health outcomes.

Sincerely,



Jon Maesner, PharmD
Chief Pharmacy Officer
Cigna Pharmacy Management

Enclosure

Please note that this list only applies to our non-Medicare **Standard Prescription Drug List** and does not reflect the entire list of covered and not-covered drugs for this or any other Cigna drug list.

| DRUG CLASS | DRUG(S) NOT COVERED IN DRUG CLASS[^] | DRUG(S) COVERED IN DRUG CLASS |
|--|--|---|
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | Anafranil | clomipramine |
| | Pamelor | nortriptyline |
| | Parnate | tranylcypromine |
| | Tofranil | imipramine |
| ASTHMA/COPD/RESPIRATORY | Zyflo | montelukast, zafirlukast, zileuton ER |
| | Zyflo CR | zileuton ER |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | Desoxyn | methamphetamine |
| | Dexedrine | dextroamphetamine, dextroamphetamine ER |
| BLOOD PRESSURE/HEART MEDICATIONS | Betapace | sotalol tablets |
| CANCER | Nilandron | nilutamide |
| DIABETES | Invokamet, Invokamet XR | Synjardy, Synjardy XR, Xigduo XR |
| | Invokana | Farxiga, Jardiance |
| | Lantus, Lantus SoloStar, Toujeo SoloStar | Basaglar, Levemir, Tresiba |
| | Novolin, Novolog | Humalog, Humulin |
| GASTROINTESTINAL/HEARTBURN | Cortifoam, Uceris rectal foam | Anucort-HC, Colocort, Hemmorex-HC, hydrocortisone, Procto-Med HC, Procto-Pak, Proctosol-HC, Proctozone-HC |
| | Lotronex | alosetron |
| | Marinol | dronabinol |
| | omeprazole bicarbonate packets, 40-1100mg capsules | omeprazole |
| | Rowasa | mesalamine enema |
| | Uceris tablet | budesonide EC capsule |
| | Zegerid | omeprazole |
| | Zofran | ondansetron |
| | Zofran ODT | ondansetron ODT |
| HORMONAL AGENTS | DDAVP | desmopressin |
| | Hectorol | doxercalciferol capsule |
| INFECTIONS | Augmentin, Augmentin ES, Augmentin XR | amoxicillin-clavulanate ER, amoxicillin clavulanate |
| | Diflucan | fluconazole |
| | E.E.S. 200, Eryped 400 | erythromycin ethylsuccinate |
| | Mepron | atovaquone |
| | Sporanox | itraconazole |
| | Targadox | Avidoxy tablet, doxycycline hyclate, Morgidox capsule |

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| DRUG CLASS | DRUG(S) NOT COVERED IN DRUG CLASS^ | DRUG(S) COVERED IN DRUG CLASS |
|--------------------------------------|---|---|
| INFECTIONS (CONT.) | Valcyte | valganciclovir |
| | Vancocin | vancomycin capsule |
| | Zovirax | acyclovir |
| MISCELLANEOUS | Gralise, Horizant | gabapentin |
| PAIN RELIEF AND INFLAMMATORY DISEASE | Cambia | diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen, Fenortho, flurbiprofen, ibuprofen, indomethacin, indomethacin ER, ketoprofen, Ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone |
| | D.H.E. 45, Migranal | dihydroergotamine |
| | Imitrex, Sumavel DosePro | sumatriptan |
| | Lorzone | chlorzoxazone |
| | OxyContin | Embeda, Hysingla ER, Xtampza ER |
| | Roxicodone | oxycodone |
| | Tivorbex | indomethacin |
| | Vanatol LQ | butalbital/acetaminophen/caffeine tabs or caps |
| | Vivlodex | meloxicam |
| | Zomig | sumatriptan, zolmitriptan |
| | Zorvolex | diclofenac, diclofenac ER |
| PARKINSON'S DISEASE | Lodosyn | carbidopa |
| | Requip XL | ropinirole ER |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | Geodon | ziprasidone |
| | Zyprexa | olanzapine |
| | Zyprexa Zydis | olanzapine ODT |
| SKIN CONDITIONS | Cutivate | fluticasone cream |
| | Kenalog | triamcinolone spray |
| | Locoid lotion | hydrocortisone butyrate |
| | Luzu | ketoconazole cream |
| | Soriatane | acitretin |
| | Ziana | clindamycin-tretinoin |
| SLEEP DISORDERS/SEDATIVES | Nuvigil | armodafinil |
| | Provigil | modafinil |
| | Restoril | temazepam |
| URINARY TRACT CONDITIONS | Detrol | tolterodine |
| | Detrol LA | tolterodine ER |
| | Ditropan XL | oxybutynin ER |
| | Enablex | darifenacin ER |
| | Gelnique | darifenacin ER, oxybutynin ER, tolterodine ER, trospium ER |

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| DRUG CLASS | NON-PREFERRED BRAND DRUG(S) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVES | |
|--|---|---|--|
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | Adderall XR | dextroamphetamine-amphetamine ER | |
| | Focalin XR | dexmethylphenidate ER | |
| SKIN CONDITIONS | Ala-Scalp | hydrocortisone | |
| | Analpram HC lotion | hydrocortisone-pramoxine | |
| | Capex shampoo | fluocinolone | |
| | Cordran | flurandrenolide | |
| | Nucort, Texacort | hydrocortisone | |
| DRUG CLASS | DRUG(S) REQUIRING PRIOR AUTHORIZATION | ADDITIONAL INFORMATION | |
| GASTROINTESTINAL/HEARTBU RN | Akynzeo, Anzemet, Emend, Sancuso, Varubi | Your plan will only cover this medication if the customer's doctor requests and receives approval from Cigna. | |
| HORMONAL AGENTS | Androderm, Androgel, Striant, testosterone | | |
| DRUG CLASS | DRUG(S) WITH QUANTITY LIMITS | ADDITIONAL INFORMATION | |
| ALLERGY/NASAL SPRAYS | cromolyn oral, mometasone | Plan only covers a certain amount of this medication over a certain number of days. | |
| ALZHEIMER'S DISEASE | Namenda XR, Namzaric | | |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | desvenlafaxine 25mg, 100mg, Marplan, Pristiq | | |
| ASTHMA/COPD/RESPIRATORY | Perforomist | | |
| BLOOD PRESSURE/HEART MEDICATIONS | Ranexa | | |
| CANCER | Fareston, nilutamide | | |
| EYE CONDITIONS | bimatoprost eye drops, Cystaran, Zioptan | | |
| HORMONAL AGENTS | Alora, estradiol patch, Estring, Menostar, Minivelle, Vagifem, Viville-Dot, yuvafem | | |
| MISCELLANEOUS | Nuedexta | | |
| OSTEOPOROSIS PRODUCTS | alendronate | | |
| PAIN RELIEF AND INFLAMMATORY DISEASE | Daliresp, Mitigare | | |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | Fanapt | | |
| SEIZURE DISORDERS | Gabitril, Potiga | | |
| SKIN CONDITIONS | Denavir, Regranex, Santyl, Vectical | | |
| SLEEP DISORDERS/SEDATIVES | Hetlioz | | |
| DRUG CLASS | STEP THERAPY | | GENERIC AND/OR PREFERRED BRAND ALTERNATIVES |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | Focalin XR | | dexmethylphenidate ER |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | Orap | pimozide | |
| SKIN CONDITIONS | Ala-Scalp | hydrocortisone | |
| | Capex shampoo | fluocinolone | |
| | Cordran | flurandrenolide | |
| | Nucort, Texacort | hydrocortisone | |

| DRUG CLASS | DRUG STRENGTH NOT COVERED^^ | DRUG STRENGTH COVERED BY YOUR PLAN |
|--------------------------------------|--|---|
| ALLERGY/NASAL SPRAYS | desloratadine ODT 2.5mg | desloratadine ODT 5mg |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | Fetzima ER 20mg | Fetzima ER 40mg |
| | Fetzima ER 40mg | Fetzima ER 80mg |
| | Trintellix 5mg | Trintellix 10mg |
| | Trintellix 10mg | Trintellix 20mg |
| BLOOD PRESSURE/HEART MEDICATIONS | Azor 5-20mg | Azor 10-40mg |
| | Benicar 20mg | Benicar 40mg |
| | Benicar HCT 20-12.5mg | Benicar HCT 40-25mg |
| | Bystolic 10mg | Bystolic 20mg |
| | Tekturna 150mg | Tekturna 300mg |
| | Tekturna HCT 150-12.5mg | Tekturna HCT 300-25mg |
| CHOLESTEROL MEDICATIONS | Livalo 1mg | Livalo 2mg |
| | Livalo 2mg | Livalo 4mg |
| DIABETES | Farxiga 5mg | Farxiga 10mg |
| PAIN RELIEF AND INFLAMMATORY DISEASE | Uloric 40mg | Uloric 80mg |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | Latuda 60mg | Latuda 120mg |
| SEIZURE DISORDERS | Aptiom 200mg | Aptiom 400mg |
| | Aptiom 400mg | Aptiom 800mg |
| | Fycompa 4mg | Fycompa 8mg |
| | Fycompa 6mg | Fycompa 12mg |
| | Trokendi XR 25mg | Trokendi XR 50mg |
| | Trokendi XR 100mg | Trokendi XR 200mg |
| SLEEP DISORDERS/SEDATIVES | Silenor 3mg | Silenor 6mg |
| DRUG CLASS | BENEFIT PLAN EXCLUSIONS* | |
| EAR MEDICATIONS | Cortane-B Lotion | |
| GASTROINTESTINAL/HEARTBURN | Donnatal Elixir, Gelclair Oral Gel Packet, Proctocort 30 Mg Suppository | |
| INFECTIONS | Benzodox 30 Kit, Benzodox 60 Kit, Urelle Tablet | |
| NUTRITIONAL/DIETARY | Feriva FA Capsule | |
| PAIN RELIEF AND INFLAMMATORY DISEASE | Analpram HC 2.5%-1% Crm Single, Prodrin Caplet | |
| SEIZURE DISORDERS | Smatrix Gabakit | |
| SKIN CONDITIONS | Ala-Quin 3-0.5% Cream, Avar 9.5%-5% Foam, Avar 9.5-5% Cleansing Pads, Avar LS 10%-2% Foam, Avar LS 10-2% Cleansing Pads, Avar LS Cleanser, Avar-E LS Cream, Dermasorb AF Complete Kit, Inova 4% Easy Pad, Inova 4-1 Easy Pad, Inova 8-2 Easy Pad, Iodoflex Pad, Keralac 47% Cream, Neosalus Foam, Ovace 10% Wash, Ovace Plus 10% Shampoo, Ovace Plus 10% Wash, Ovace Plus 9.8% | |

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| | Foam, Ovace Plus 9.8% Lotion, Ovace Plus Wash 10% Clnsng Gel, Plexion 9.8-4.8% Cleanser, Plexion 9.8-4.8% Clnsing Cloth, Plexion 9.8-4.8% Cream, Plexion 9.8-4.8% Lotion, Rynoderm 37.5% Topical Cream, Salex 6% Cream Kit, Salex 6% Lotion Kit, Salex 6% Shampoo, Salvax 6% Foam, Selrx 2.3% Shampoo, Sumadan 9%-4.5% Wash, Sumadan Kit, Sumadan XLT Kit, Sumaxin Cleansing Pads, Sumaxin CP Kit, Sumaxin TS Topical Suspension, Sumaxin Wash, Ultrasal-ER 28.5% Solution, Uramaxin GT 45% Pre-Filled App, Urevaz 44% Cream, Vanoxide-HC Lotion, Virasal Antiviral Wart Remover, Vytone Cream Packet, Zithranol 1% Shampoo | |
|--|--|--|

^ These medications are not covered in our drug lists; however, providers can ask Cigna to consider approving coverage through a “medical necessity” review process. Through this process, providers must show that covered alternatives failed to produce results for the patient and therefore a non-covered medication should be considered for coverage.

^^ There is a “medical necessity” review process in place for customers who have proven a higher strength once per day is not clinically appropriate and require the use of a lower strength twice per day.

* This product’s eligibility for coverage varies by manufacturer because not all versions of the product have been approved by the FDA for marketing. Products not approved by the FDA for marketing are excluded from coverage under benefit plans.

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