



March 26, 2018

Re: Changes in drug formularies, effective July 1, 2018

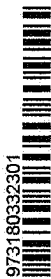
Effective July 1, 2018¹, we will make changes to our formularies that build on our commitment to promote the safe use of opioids, as well as ensure our customers have access to affordable, clinically appropriate drug therapy options.

- **Opioids.** We will make the following changes:
 - Implement MME calculator at the pharmacy requiring a prior authorization for patients receiving very high-dose ($\geq 120\text{mg/day}$) and extremely high doses of opioids ($\geq 200\text{ mg/day}$).
 - Implement a prior authorization requirement for methadone when used for chronic pain management when prescribed for dispensing by a pharmacy², and apply stricter prior authorization criteria for fentanyl patches.
 - Apply more restrictive quantity limits on new prescriptions for short-action opioids, from a 15-day to a 7-day supply.
- **High-cost/low-value drugs.** We will remove two drugs from our formularies, which have experienced significant price increases, or are inappropriately priced compared to identical or near-identical products³:
 - Mycobutin[®]
 - Solaraze[®] (diclofenac sodium) Gel, 3%
- **Lifestyle drugs.** VIAGRA[®] will be moved to non-preferred tier status, and sildenafil citrate will be added to generic tier status. Some branded erectile dysfunction drugs, including VIAGRA, will also be added to our Step Therapy Program to promote the use of more affordable generic alternatives.
- **Quantity limits. Consistent with labeling requirements** published by the drug manufacturer and the U.S. Food and Drug Administration (FDA), we will implement maximum daily dose (MDD) limits for proton pump inhibitors, certain antidepressants (new prescriptions only), anticonvulsants, and drugs used to treat heart conditions (Banzel[®], BiDil[®], Capozide[®], Tikosyn[®]) and other mental health conditions (Emsam[®], Invega[®], and Sustenna[®]).
- **Specialty Pharmacy.** Prior authorization will be required for the following chemotherapy drugs: Targretin[®], Xeloda[®], Vesamoid[®], and Hycamtin[®]. In addition, the following chemotherapy drugs will be added to our Step Therapy Program: Xgeva[®] and Fusilev[®].

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 late March, we will send letters explaining the drug list changes to affected customers. **Your patients may contact you directly to discuss drug alternatives.**

In late March, we will also begin to regularly notify you when we identify a patient who is at risk from taking a very-high dose of opioids (120-199mg/day). Letters will include recommendations or required



actions for follow up, which may include submitting a prior authorization request, or discussing other pain management options with your patient to help avoid an unintentional opioid overdose.

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 July 2018	The enclosed list highlights the covered preferred brand-name and generic drugs within the affected drug classes for our Standard Prescription Drug List only. You can also find a full list of changes 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 coverage, and view the customer's estimated out-of-pocket costs based on their plan benefits.	Log in to CignaforHCP.com . Then, perform a patient search by name, Cigna 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

¹For Texas and Louisiana insured customers, the effective date may be deferred until plan renewal date as required by state law.

²Cigna will not apply prior authorization to methadone when dispensed in connection with an Opioid Treatment Program. The prior authorization requirement applies to methadone prescriptions issued for pain management outside the context of narcotic withdrawal therapy.

³Drugs removed from formularies can be considered for coverage through our medical necessity review process unless otherwise excluded by a benefit plan.

STANDARD PRESCRIPTION DRUG LIST

Effective July 1, 2018



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	Non-Preferred Brand Medication	Generic and/or Preferred Brand Alternatives
BLOOD THINNERS/ANTI-CLOTTING	Arixtra+	fondaparinux
	Lovenox+	enoxaparin
	Reopro+	Please work with your patient to prescribe an alternative drug, if appropriate.
CANCER	dexrazoxane+, Evomela+, Hycamtin capsule, Nilandron+, nilutamide+, Zinecard	Please work with your patient to prescribe an alternative drug, if appropriate.
CONTRACEPTION PRODUCTS	Depo-Provera 150mg/ml	medroxyprogesterone
	LoSeasonique	Amethia Lo, Camrese Lo, levonorg-eth estradiol 0.1/0.02/0.01mg
	Nexplanon+, Paragard T 380-a+	Please work with your patient to prescribe an alternative drug, if appropriate.
	Seasonique	Amethia, Ashlyna, Camrese, Daysee, levonorg-eth estradiol 0.15/0.03/0.01mg
DENTAL PRODUCTS	Arestin+	Please work with your patient to prescribe an alternative drug, if appropriate.
DIABETES	Korlym+	Please work with your patient to prescribe an alternative drug, if appropriate.
EYE CONDITIONS	Cystaran+, Ozurdex+, Retisert+	Please work with your patient to prescribe an alternative drug, if appropriate.
GASTROINTESTINAL/HEARTBURN	alosetron+, Buphenyl+, Chenodal+, Ravicti+, sodium phenylbutyrate	Please work with your patient to prescribe an alternative drug, if appropriate.
HORMONAL AGENTS	Aveed+, hydroxyprogesterone caproate+	Please work with your patient to prescribe an alternative drug, if appropriate.
	Depo-Provera 400mg/ml	medroxyprogesterone

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INFECTIONS	Daraprim+, Sirturo+	Please work with your patient to prescribe an alternative drug, if appropriate.
INFERTILITY	Makena+	Please work with your patient to prescribe an alternative drug, if appropriate.
MISCELLANEOUS	Asclera+, Carbaglu+, Ferriprox+, Flebogamma DIF+, Keveyis+, Varithena+	Please work with your patient to prescribe an alternative drug, if appropriate.
	Orfadin+	Nityr
PAIN RELIEF AND INFLAMMATORY DISEASE (NON-NARCOTIC)	Colcrys	colchicine
PARKINSON'S DISEASE	Azilect	rasagiline
SEIZURE DISORDERS	Lamictal ODT	lamotrigine ODT
SKIN CONDITIONS	Ameluz+, Levulan+	Please work with your patient to prescribe an alternative drug, if appropriate.
	Tazorac 0.1% cream	tazarotene
SLEEP DISORDERS/SEDATIVES	Hetlioz+	Please work with your patient to prescribe an alternative drug, if appropriate.
TRANSPLANT MEDICATIONS	Cellcept+	mycophenolate
	Neoral 25mg capsule, solution+	cyclosporine modified, Gengraf
	Sandimmune 100mg capsule+	cyclosporine
URINARY TRACT CONDITIONS	Thiola+	Please work with your patient to prescribe an alternative drug, if appropriate.
Drug Class	Medication requiring Prior Authorization[^]	Additional Information
CANCER	Hycamtin++, Targretin++, tretinoin capsule++, Xeloda++	Your patient's plan only covers this medication if you request and receive approval from Cigna. If your patient is taking this medication, please call us so we can begin the review process.
MISCELLANEOUS	Nityr, Orfadin++	
PAIN RELIEF AND INFLAMMATORY DISEASE (NARCOTIC)	Diskets, Dolophine, methadone++, Methadose	

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Drug Class	Medication with Quantity Limits^	Additional Information
ANXIETY/DEPRESSION/BIPOLAR DISORDER	bupropion ER#, Celexa#, citalopram#, desvenlafaxiner ER#, duloxetine#, Effexor XR#, Effexor#, Emsam#, escitalopram#, Fetzima#, fluoxetine#, fluvoxamine ER#, fluvoxamine#, Forfivo XL#, Khedezla, paroxetine CR#, paroxetine#, Paxil CR#, Pexeva#, Prozac, sertraline#, venlafaxine ER#, Wellbutrin SR, Wellbutrin XL, Zoloft	Your patient's plan only covers up to a certain amount of this medication over a certain amount of time. If your patient is taking this medication, you may need approval for your patient's prescription to be covered.
BLOOD PRESSURE/HEART MEDICATIONS	BiDil 20-37.5mg#, captopril-HCTZ, dofetilide#, Tikosyn	
CHOLESTEROL MEDICATIONS	simvastatin, Zocor	
GASTROINTESTINAL/HEARTBURN	Aciphex, Dexilant, esomeprazole, lansoprazole DR, Nexium DR, Nexium, omeprazole DR, omeprazole, omeprazole bicarbonate, pantoprazole, Prevacid SoluTab, Prilosec, prilosec 2.5mg, Protonix, rabeprazole	
NUTRITIONAL/DIETARY	Auryxia	
PAIN RELIEF AND INFLAMMATORY DISEASE (NON-NARCOTIC)	Cafergot, ergotamine-caffeine, diclofenac 1%, Voltaren	
PAIN RELIEF AND INFLAMMATORY DISEASE (NARCOTIC)	acetaminophen-caffeine-dihydrocodeine, acetaminophen-codeine, Arymo, asa-butalb-caff-codeine, aspirin-caff-dihydrocodeine, belladonna-opium, buprenorphine, butalb-acetaminoph-caff-codeine, butorphanol, carisoprodol-asa-codeine, codeine sulfate, Embeda, Exalgo, Fentanyl (all dosage forms), Flowtuss, Hycofenix, hydrocodone-acetaminophen, hydrocodone-ibuprofen, Hydromet, hydromorphone, Hysingla ER, Kadian, Lorcet, Lortab, meperidine, Morphabond ER, morphine, morphine ER, nalbuphine, Nucynta, Nucynta ER, Obredon, Opana ER, opium tincture, Oxecta, oxycodone, oxycodone ER, oxycodone-acetaminophen,	To promote safer opioid use, your patient's plan may limit the amount, or day supply, of narcotic pain medications (opioids) it will cover. If your patient is taking an opioid, you may need approval for your patient's prescription to be covered.

	oxycodone-aspirin, oxycodone-ibuprofen, OxyContin, oxymorphone, oxymorphone ER, pentazocine-acetaminophen, pentazocine-naloxone, Primlev, promethazine-codeine, Talwin, tramadol ER, tramadol-acetaminophen, Trezix, Tussigon, Tussionex, Xtampza ER, Zohydro ER, Zutripro	
SEIZURE DISORDERS	Banzel#	Your patient's plan only covers up to a certain amount of this medication over a certain amount of time. If your patient is taking this medication, you may need approval for your patient's prescription to be covered.
SKIN CONDITIONS	calcitriol, Vectical	
SLEEP DISORDERS/SEDATIVES	Rozerem	
Drug Class	Medication Not Covered^{^^^}	Generic and/or Preferred Brand Alternatives
GASTROINTESTINAL/HEARTBURN	OmePPI	omeprazole
INFECTIONS	Mycobutin	rifabutin
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
SKIN CONDITIONS	diclofenac 3% gel, Solaraze	Fluoroplex, fluorouracil, imiquimod, Picato

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

+ This is a specialty medication. Some plans cover these medications on a specialty tier, may limit your patients to a 30-day supply and/or require your patient to use Cigna Specialty Pharmacy (our home delivery pharmacy) to fill your patient's prescription. For plans that cover specialty medications on a specialty tier, this change will not affect the cost of the medication. Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) to determine coverage requirements for specialty medications.

^ These changes may not apply to your patient's plan. Not all plans include requirements for prior authorization and quantity limits. Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) to determine if these medications are covered by your patient's plan.

++Approval may be required for new prescriptions filled on or after July 1, 2018.

Quantity limits may apply to new prescriptions filled on or after July 1, 2018.

^^^ 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.