



September 27, 2018

Re: Changes in drug formularies, effective January 1, 2019

Effective January 1, 2019,¹ we will make changes to our drug formularies to help ensure our customers have access to affordable, clinically appropriate drug therapy options. Many key formulary changes, including those that may result in customers paying more for their drugs or needing to obtain coverage authorization for their drugs, are detailed below.

- **Attention deficit hyperactivity disorder (ADHD).** We will remove certain drugs from our formularies² and expand utilization management programs to help reduce inappropriate use of high-cost dose forms and promote coverage of generic use.³ Additionally, we will apply age limits on individuals 13 years of age or older on certain branded drugs to reduce inappropriate utilization of orally disintegrating tablets and liquids.
- **Anticonvulsants.** We will prefer coverage of generic options for customers who are using anticonvulsants for non-seizure disorders (such as for the prevention of headaches). Specifically:
 - We will not cover on our formularies certain branded drugs that have alternatives containing similar or near similar ingredients.³
 - For brand-name drugs with no alternatives or limited alternatives, we will require prior authorization for coverage. Minors under 18 years of age will not be affected.
 - By using combined medical and pharmacy claims data, where available, we will identify customers with a documented seizure disorder as well as those under 18 years of age to ensure those customers do not need to obtain a prior authorization for coverage of a brand-name anticonvulsant drug.
- **Topical acne.** We will not cover all brand-name drugs on our formularies² due to availability of multiple over-the-counter or generic alternatives.³
- **Cholesterol (PCSK9).** We will move the injectable drug Repatha[®] to preferred brand status, subject to prior authorization. We will not cover PRAULENT[®] on our formularies.^{2,3}
- **Topical antivirals.** Research has shown that topical antiviral therapy provides little clinical value in the treatment of herpes, when compared to oral drug treatment. Oral antiviral regimens are the most clinically effective ways to shorten the length of symptoms and stop the recurrence of infection.⁴ We will not cover topical antiviral creams for herpes on our formularies.³ If approved through a coverage exception review, these drugs will be subject to quantity limits.
- **Proton pump inhibitors (PPIs).** We will add NEXIUM Powder Packets to our formularies to provide an alternative option to swallowable tablets and capsules.
- **HIV/AIDS.** We will offer preferred tier placement for clinically effective combination regimens, which combine several active ingredients into one or more pills. Depending on the customer's treatment plan, this may reduce the amount a customer must pay under the plan for combination regimens.
- **Inflammatory.** We are adding Entyvio, which will provide an additional coverage option under the medical benefit for treatment of Crohn's Disease and Ulcerative Colitis. Like other drugs in this class, Entyvio will be subject to prior authorization but will be in a preferred position for the treatment of Crohn's and Ulcerative Colitis.³

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- **Transmucosal immediate release fentanyl (TIRF).** To ensure appropriate coverage of opioids, we will require prior authorization for the following highly potent TIRF drugs when prescribed for non-cancer related treatment:
 - Abstral[®]
 - ACTIQ[®] and generic ACTIQ alternatives
 - FENTORA[®]
 - Lazanda[®]
 - SUBSYS[®]

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 received coverage for a drug that is affected by these changes. In late September, we will send letters explaining the drug list changes to affected customers. **Your patients may contact you directly to discuss drug alternatives.**

Additional information

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

Resource	Description	Where to find
Prescription Drug List changes for 2019	The enclosed list highlights the covered preferred brand-name and generic drugs within the affected drug classes for patients on 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 > 2019 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 the plan renewal date as required by state law.

²Includes our standard, value, advantage and performance formularies.

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

⁴Cochrane Database of Systematic Reviews - R Heslop, H Roberts, D Flower, V Jordan August 2016.

CHANGES FOR PATIENTS ON STANDARD PRESCRIPTION DRUG LIST

DRUG CLASS	NON-PREFERRED BRAND DRUG(S)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CONTRACEPTION PRODUCTS	Beyaz++	drospirenone-ethinyl estradiol/levomefolate, Rajani
DIURETICS	Edecrin++	bumetanide, furosemide, torsemide
NUTRITIONAL/DIETARY	K-Tab ER++	Klor-Con, potassium chloride
PAIN RELIEF AND INFLAMMATORY DISEASE	Colcrys+	colchicine
TRANSPLANT MEDICATIONS	Neoral+	cyclosporine modified+, Gengraf+
	Prograf 1mg capsule+	tacrolimus+
	Rapamune 0.5, 1., 2mg tablets+	sirolimus+
DRUG CLASS	MEDICATION(S) THAT NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION
ASTHMA/COPD/RESPIRATORY	Symdeko	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication on or after January 1st, ask the office to contact us soon so we can start the coverage review process.
PAIN RELIEF AND INFLAMMATORY DISEASE	Abstral ^{^^^}	
	Actiq ^{^^^}	
	Fentanyl ^{^^^}	
	Fentora ^{^^^}	
	Lazanda ^{^^^}	
	Subsys ^{^^^}	
SEIZURE DISORDERS	Aptiom ^{^^}	
	Banzel ^{^^}	
	Briviact tablet, solution ^{^^}	
	Fycompa ^{^^}	
	Oxtellar XR ^{^^}	
	Spritam ^{^^}	
	Vimpat tablet, solution ^{^^}	
DRUG CLASS	MEDICATION(S) WITH A QUANTITY LIMIT	ADDITIONAL INFORMATION
ASTHMA/COPD/RESPIRATORY	Kalydeco	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to
	Orkambi	
DIABETES	Adlyxin	
	Byetta	
GASTROINTESTINAL/HEARTBURN	Dexilant DR 30mg capsule ^{^^^^}	
	esomeprazole DR cap ^{^^^^}	
	Nexium DR packet ^{^^^^}	
INFECTIONS	Difcid	

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DRUG CLASS	MEDICATION(S) WITH AN AGE REQUIREMENT	ADDITIONAL INFORMATION
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adzenys ER ^{*****} Adzenys XR-ODT ^{*****} Daytrana ^{*****} Dyanavel XR ^{*****} Quillichew ER ^{*****} Quillivant XR ^{*****} Vyvanse chewable ^{*****}	request approval for coverage of the medication, or talk with you about your options. Your plan only covers this medication if you're within a certain age range. If you're taking this medication, you may need approval for your plan to cover it. Depending on your age, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about other covered options.
DRUG CLASS	MEDICATION(S) NOT COVERED*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Crixivan ^{*****} Norvir 100mg tab Reyataz capsule Viracept ^{*****}	Talk with your doctor to find out if there's a lower-cost alternative that will work for you. ritonavir 100mg tab atazanavir capsule 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 ^{**} Praluent ^{**}	atorvastatin, fluvastatin ER, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin Repatha
SEIZURE DISORDERS	Keppra ^{***} Keppra XR ^{***} Lamictal ^{***} , Lamictal (blue, green, orange) ^{***}	levetiracetam levetiracetam ER 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
	Trileptal***	oxcarbazepine
SKIN CONDITIONS	Acanya, Aczone, Aktipak, Atralin, Avita, Azelex, Differin, Epiduo, Epiduo Forte, Fabior, Onexton, Retin-A, Retin-A Micro, 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-benzoyl peroxide, clindamycin-tretinoin, dapsone
	acyclovir ointment, Denavir	acyclovir tablet, famciclovir tablet, valacyclovir tablet
	doxepin 5% cream	Ala-Cort, alclometasone, amcinonide, Apexicon E, betamethasone, clobetasol, clocortolone, Clodan, desonide
	Exelderm	econazole, ketoconazole, oxiconazole

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 coverage to a 30-day supply and/or require you to use Cigna Specialty Pharmacy (our home delivery pharmacy) to receive coverage. For plans that cover these medications on a specialty tier, this change will not affect the cost of the medication. Please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers specialty medications.

++ Please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers this brand name medication. For some plans, if you fill a prescription for a brand name medication instead of the available generic (even though your doctor's OK with the generic), you'll pay a higher amount. You'll pay your generic (or brand) copay or coinsurance plus the difference in cost between the brand medication and the generic. It's important to know that only the generic medication cost or generic copay will apply to your deductible and/or out-of-pocket maximum (if your plan requires you to pay this higher amount). The difference between the brand name cost and generic cost won't apply. Some plans don't require you to pay this higher amount when you fill a brand name medication. For example, your plan may only require you to pay your brand copay or coinsurance if your doctor writes "Dispense as Written" on your prescription and he/she requests that the pharmacist fill the brand name medication (not the available generic alternative).

^ These changes may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits and/or age. Starting January 1st, please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers these medications.

^^ If you're taking this medication to treat a seizure disorder and you're under 18 years of age, this change won't affect you.

^^^ If you're taking this medication as part of a cancer treatment program, your plan will cover this medication (but you'll need prior approval from Cigna).

^^^^ If you're taking this medication to treat Zollinger-Ellison syndrome (ZES), this change won't affect you.

^^^^^ If you're under 13 years of age, this change won't affect you.

* These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

** If you currently have approval from Cigna for your plan to cover this medication, it's important to know that your approval will end on January 1st.

*** If you're taking this medication to treat a seizure disorder, this change won't affect you.

**** If you're taking this medication to treat a seizure disorder, this change won't affect you. However, it's important to know that you'll now pay your plan's non-preferred brand copay to fill your prescription.

***** If you're taking this medication, this change won't affect you.