



October 09, 2019

**Re: Changes in drug formularies effective January 1, 2020**

Effective January 1, 2020, we will make changes to our drug formularies to help ensure our customers have access to affordable, clinically appropriate drug therapy options.<sup>1</sup> As a result of our combination with Express Scripts, we are able to include more preferred-brand drugs in key classes, and we are adding additional clinical utilization management edits for immediate increased savings, quality, and safety for your patients.

**What these changes mean 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 affected by these changes, and we recently sent letters to them explaining the drug list changes. Therefore, **they may contact you directly to discuss drug alternatives.**

**About the formulary changes**

- The enclosed list highlights the covered preferred-brand and generic drugs within the affected drug classes for patients on our Standard Prescription Drug List.
- You can also find a detailed list of changes on the Cigna for Health Care Professionals website (CignaforHCP.com > **Resources** > **Pharmacy Resources** > **Cigna's Prescription Drug Lists** > **2020 Prescription Drug List Changes**). Note that you do *not* need to be a registered user of the website to access this list.
- To search for alternative drugs for your patients with Cigna coverage and view their estimated out-of-pocket costs based on their plan benefits, please **log in** to CignaforHCP.com. Then, perform a patient search by name, Cigna ID number, or date of birth. Note that you *do* need to be a registered user of the website to use this tool.

If you have questions about these changes, please call Cigna Customer Service at 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,

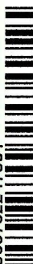
A handwritten signature in black ink, appearing to read "Jon Maesner", with a long horizontal flourish extending to the right.

Jon Maesner, PharmD  
Chief Pharmacy Officer  
Cigna Pharmacy Management

Enclosure

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

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# DRUG LIST CHANGES

For Health Care Providers

Effective January 1, 2020

Effective January 1, 2020, we will make changes to our drug formularies to help ensure our customers have access to affordable, clinically appropriate drug therapy options.<sup>1</sup> As a result of our combination with Express Scripts, we are able to include more preferred-brand drugs in key classes, and we are adding additional clinical utilization management edits for immediate increased savings, quality, and safety for your patients.

Many key formulary changes are detailed below.

- **Acne tetracyclines.** We will be excluding kits containing over-the-counter (OTC) medications from coverage. We will also be removing the high-cost ORACEA® brand and its generic (doxycycline, 40 mg capsule) from our formularies to drive use of lower-cost alternatives.<sup>2</sup>
- **Anti-inflammatory (asthma).** We will be making XOLAIR® a preferred-brand drug.
- **Attention deficit hyperactivity disorder (ADHD).** For some of our plans, we will be adding a prior authorization requirement (to ensure appropriate use of covered drugs that did not previously have one in place) as well as other requirements (e.g., six-month evaluation).
- **Beta blockers/cardiovascular.** To align our utilization management with Express Scripts, we will be adding step therapy on all brand-name oral beta blockers. The biggest impact will be on those customers taking BYSTOLIC®.
- **Birth control.** We will be making NuvaRing® a preferred-brand drug.
- **Bowel prep kits.** We will be adding CLENPIQ®, PREPOPIK®, and SUPREP® as preferred-brand drugs. Several brand-name drugs will be moved off our formularies or to nonpreferred-brand drugs.
- **Cancer.** We will be removing ZYTIGA® (250 mg and 500 mg) and Tarceva® from our formularies in response to generic launches.<sup>2</sup> We will be adding Erlotinib to tier one with specialty prior authorization and Erivedge® as a preferred-brand drug.
- **Cystic fibrosis (antibiotics).** To ensure inhaled antibiotics are prescribed per Food and Drug Administration (FDA) indications, we will be adding quantity limits and specialty prior authorization to all products.
- **Diabetes.** We will be adding certain diabetes-branded drugs as preferred-brand drugs to improve access and removing others, as well as high-cost generics, to encourage use of lower-cost alternatives. (Current users of alogliptin, alogliptin/metformin, alogliptin/pioglitazone are grandfathered indefinitely.) We will be adding quantity limits on insulins. In addition, metformin will be our first-choice treatment for type 2 diabetes due to its safety, efficacy, and potential cardiovascular benefits.<sup>3</sup>
- **HIV.** We will be directing customers newly diagnosed with HIV to Cigna's preferred products, single tablet regimens, to help improve adherence. Customers who are currently prescribed multisource brand drugs will move to a lower-cost generic when an exact generic alternative to the brand product is available. In addition, we are adding a prior authorization requirement for customers newly diagnosed with and starting medications for HIV, except for the following drugs:
  - BIKTARVY®, DOVATO, GENVOYA®, SYMFI®/SYMFI LO®, and TRIUMEQ®.
  - The four regimens used for post-exposure prophylaxis: TRUVADA® and TIVICAY®; TRUVADA and ISENTRESS®; TRUVADA, PREZISTA®, and NORVIR®; and renal failure regimens.

Also, we will be adding DOVATO and SYMFI/SYMFI LO as preferred-brand drugs and removing several multisource brand drugs from our formularies to encourage the use of generics.

Together, all the way.®



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- **Inflammatory.** We will be adding quantity limits to all oral and self-injectable anti-inflammatory products. We will use our integrated data (Cigna Rx Claim Connect) to identify certain conditions and allow higher dosing of the following drugs for the specified indications: CIMZIA® (chronic plaque psoriasis), HUMIRA® (rheumatoid arthritis, Crohn's disease, and hidradenitis suppurativa), and STELARA® (Crohn's disease).<sup>4</sup>
- **Inhalers for asthma and chronic obstructive pulmonary disease (COPD).** We will be removing SPIRIVA®, STIOLTO®, and STRIVERDI® from our formularies to drive customers to lower-cost alternatives. We are adding SEREVENT® DISKUS® as a preferred-brand drug.
- **In vitro fertilization.** GONAL-f® will be the preferred drug on both the medical and pharmacy benefit. This is the preferred product at Freedom Fertility Pharmacy, a Cigna specialty pharmacy, which will make this therapy more accessible to and more affordable for customers. We will be adding Follistim® AQ to the nonpreferred-brand tier for pharmacy and medical.
- **Irritable bowel and constipation.** We will be adding FIRVANQ® and Trulance® as preferred-brand drugs and adding quantity limits for XIFAXAN® 550 mg.
- **Malaria.** We will be removing the prior authorization requirement on generic drugs but adding it on some brand-name drugs that have more cost-effective alternatives.
- **Multiple sclerosis.** We will be removing AUBAGIO® from our formularies to drive customers to lower-cost and more effective options (though we will grandfather current users indefinitely).<sup>2</sup> We will add MAYZENT® as a preferred-brand drug.
- **Omega-3 fatty acids.** To align our utilization management with Express Scripts, we will be adding VASCEPA® as a preferred-brand drug, subject to prior authorization. We will be indefinitely grandfathering users who were subject to step therapy in 2017.
- **Opioids.** To promote safety and avoid long-term use for new users, we will be updating the current short-acting opioid prior authorization requirement to include prescriptions for acute dental pain (if days' supply is greater than three). We will also be adding a prior authorization requirement for opioids containing cough suppressants for nonacute use (greater than 21 days).
- **Osteoporosis.** We will be applying new prior authorization and quantity limits to users of FORTEO® and TYMLOS®, though current users will be grandfathered for two years.
- **Pulmonary arterial hypertension.** We will steer customers toward generics from high-cost brands, so upon prior authorization renewal, they must prove intolerance to the generic for ADCIRCA®, Letairis®, and TRACLEER®.
- **Seizure control.** We will be making FYCOMPA a preferred-brand drug (October 2019 change).
- **Ulcers.** We will be excluding all histamine H2-receptor antagonists to drive to OTC alternatives; however, our formularies will cover generic liquid H2 products. We will be moving mesalamine to our generic tier due to greater affordability.
- **Vitamin B12 deficiency.** We will be removing NASCOBAL® from our formularies and promoting other, more affordable alternatives (i.e., OTC medication, injection at the doctor's office under medical benefit, or injection at the pharmacy through the pharmacy benefit for self-administration).<sup>2</sup>
- **Vitamin D analogs.** We will be removing Enstilar®, Taclonex® Ointment, and Taclonex Topical Suspension from our formularies and encouraging customers to use lower-cost generic alternatives.<sup>2</sup>
- **Weight loss.** We will steer customers toward generics from high-cost brands. We will be adding clinical prior authorization on all brand-name weight loss products.
- **Wilson's disease.** We will be removing SYPRINE® from our formularies to drive customers to generic alternatives in efforts to improve affordability. We will also be updating step therapy requirements to include Depen, penicillamine, and trientine.

One important change, also summarized above, involves drugs for HIV. Based on an internal, proprietary study and our review of total medical costs as well as other literature, we recommend single tablet regimens (one pill versus multiple per day) to help improve adherence. Lower adherence can increase disease progression, medication costs, and resistance to HIV medications. Our proprietary study results show adherence rates improve up to 15 percent when patients take a single tablet over multiple tablets.<sup>5</sup>

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

<sup>2</sup>If a customer and/or prescriber believes any of the products that will no longer be covered as preferred options are medically necessary, Cigna will review requests for a medical necessity exception, unless otherwise excluded by a benefit plan. Requests for medical necessity review can be submitted electronically through an electronic health record (EHR) or electronic medical record (EMR) or via website, including CoverMyMeds or Surescripts.

<sup>3</sup>Depending on a customer's weight and/or if they have been filling this amount for a long period of time, the customer may be able to receive coverage for amounts greater than what the quantity limits allow.

<sup>4</sup>Depending on what the customer is taking this medication for, they may be able to receive coverage for amounts greater than what the quantity limits allow.

<sup>5</sup>Cigna national book of business study, full year 2018. Individual client/customer results will vary and are not guaranteed.