



October 05, 2020

Re: Changes in drug formulary effective January 1, 2021*

Effective January 1, 2021,* we will make changes to our commercial, Individual & Family Plan (IFP), and Cigna Total Savings drug formularies to help ensure our customers have access to affordable quality health care. These updates focus on removing egregiously priced drugs and promoting generic and over-the-counter drugs as well as therapeutic alternatives.

What these changes mean to you and your patients with Cigna coverage

In September 2020, we sent letters explaining the drug list changes to affected customers. Your patients with Cigna-administered coverage may contact you directly to discuss medication alternatives, which in many cases are available at a lower out-of-pocket cost to them.

Beginning January 1, 2021, customers who continue filling prescriptions for drugs that are no longer on the formulary may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically appropriate alternative medications before this date.**

About the formulary changes

- The enclosed list highlights the affected drug classes. You can also find a detailed list of changes on the Cigna for Health Care Professionals website (CignaforHCP.com > Get questions answered: Resource > Pharmacy Resources > Cigna's Prescription Drug Lists: View Documents). Note that you do *not* need to be a registered user of the website to access this list.
- To search for alternative medications for your patients and view their estimated 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. Note that you *do* need to be a registered user of the website to use this tool.

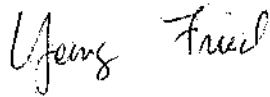
If you have questions about these changes, please call Cigna Customer Service at **800.88Cigna (882.4462)**.

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

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Sincerely,



Young Fried, PharmD, MSP
Chief Pharmacy Officer

Enclosure.

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

** If a provider believes any of the products that will no longer be covered as preferred options are medically necessary, then Cigna will review requests for a medical necessity exception. Providers can submit requests for medical necessity review through their electronic health record or electronic medical record system or through CoverMyMeds® or Surescripts®.

DRUG LIST CHANGES

For Health Care Providers

Effective January 2021*

Effective January 1, 2021,* we will make changes to our drug formularies to help ensure our customers have access to affordable and quality health care.** The key changes for our commercial, Individual & Family Plan (IFP), and Cigna Total Savings formularies are detailed below.

Commercial (Standard, Performance, Value, and Advantage formularies) Egregiously priced drugs

The following changes focus on the removal of egregiously priced drugs.

- **Topical corticosteroids.** We will remove a number of high-cost drugs from our formularies.
- **Other categories.** We will remove the following drugs from our formularies: butalbital/acetaminophen (50 – 300 mg tablet), CONDYLOX® Gel, NOXAFIL® (tablet), PreGenna, TaperDex® (seven-day package), Trinaz, and XOLEGEL® Gel.

Generic and over-the-counter (OTC) drugs

The following changes will help promote the use of generic and OTC drugs.

- **Albuterol inhalers (asthma).** We will remove all brand-name drugs and cover all available generics across our formularies.
- **Dry eyes.** We will remove CEQUA™, RESTASIS MultiDose®, and Xiidra® from our formularies.
- **Generics.** We will make Amicar® a nonpreferred-brand drug for our Standard formulary and Lotemax 0.5% a nonpreferred-brand drug for our Standard and Performance formularies. We will make Kitabis® Pak, LYRICA®, and Megace® ES nonpreferred-brand drugs across our formularies.
- **Glaucoma.** We will remove Travatan Z®, XALATAN®, XELPROS™, and Zioptan® from our formularies. We will remove LUMIGAN® from our Standard and Performance formularies.
- **Nasal steroids.** For our Value and Advantage formularies, we will exclude BECONASE AQ, flunisolide, fluticasone propionate, mometasone furoate, NASONEX®, OMNARIS®, QNASL®, QNASL (40 mcg), XHANCE®, and Zetonna™ from coverage.
- **Oral contraceptives.** We will remove Balcoltra®, Natazia®, Slynd®, and Taytulla® from our Value and Advantage formularies.
- **Rosacea.** We will remove Finacea® Foam, Finacea Gel, MetroCream®, MetroGel®, MetroLotion®, and SOOLANTRA® from our formularies. We will remove Rosadan® kit from our formularies and exclude it from coverage.
- **Specialty multisource brands.** We will remove AMPYRA®, BARACLUDGE®, and Sensipar® from our formularies.
- **Thyroid disorder.** We will make ARMOUR® THYROID, SYNTHROID®, and UNITHROID® nonpreferred-brand drugs across our formularies.
- **Topical diclofenac (arthritis).** We will remove diclofenac patch (1.3%), FLECTOR®, and Voltaren gel (1%) from our Value and Advantage formularies.
- **Topical eye antihistamines.** For our Value and Advantage formularies, we will exclude azelastine HCL, BEPREVE, epinastine HCL, LASTACAFT®, Pazeo®, and ZERVIA™ from coverage.
- **Topical psoriasis.** We will remove SORILUX® Foam (0.005%) from our Standard and Performance formularies.
- **Triptans (migraines).** We will remove Amerge, FROVA®, MAXALT®, MAXALT-MLT®, and RELPAX® from our formularies.

Together, all the way.®



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Low-cost therapeutic alternatives

The following changes will help promote the use of therapeutic alternatives.

- **Constipation.** We will remove Motegrity™, Trulance®, and Zelnorm® from our formularies. We will remove LINZESS® from our Value and Advantage formularies.
- **Diabetes (dipeptidyl peptidase 4 [DPP4] inhibitors).** We will remove KOMBIGLYZE® XR and ONGLYZA® from our Standard and Performance formularies.
- **Glucose emergency kits.** We will remove GlucaGen® HypoKit® and Gvoke™ from our Value and Advantage formularies.
- **Inflammatory (psoriasis).** We will remove Cosentyx® from our formularies.
- **Long-acting beta agonist (LABA) and Inhaled corticosteroid (ICS) Inhalers.** We will remove ADVAIR® HFA and BREO ELLIPTA from our Value and Advantage formularies.
- **Medication-assisted treatment.** We will make BUNAVAIL® a nonpreferred-brand drug across our formularies.
- **Non-warfn oral anticoagulants.** We will add a prior authorization requirement for ELIQUIS, Pradaxa®, SAVAYSA®, and XARELTO® across our formularies.
- **Pancreatic enzymes.** We will remove CREON®, PERTZYE®, and ZENPEP® from our formularies.

IFP

The following changes will help improve affordability.

- **DPP4.** We will remove alogliptin, alogliptin/metformin, alogliptin/pioglitazone from our formulary.
- **Glucagon.** We will remove GlucaGen and glucagon from our formulary.
- **HIV/AIDS.** We will move Descovy® to tier four and add a prior authorization requirement. We will remove Truvada® (200 mg/300 mg) from our formulary.
- **Inflammatory.** For new customers, we will add a step therapy requirement for XELJANX® and XELJANX XR.
- **Levocarnitine Intravenous (IV).** We will remove levocarnitine IV from our formulary.
- **Multisource brands.** We will remove the following drugs from our formulary: AFINITOR®, APRISO®, Atripla®, Carnitor® SF Sugar-Free Oral Solution, Cuprimine®, Depen, DYRENIUM®, Exjade®, FIRAZYR®, FORTEO®, HALOG® Cream 0.1%, Jadenu®, Jadenu Sprinkle, Letairis®, Lotemax 0.5%, LYRICA, Moxeza®, NAFTIN® GEL 1%, NOXAFIL® delayed-release tables (100 mg), PRUDOXIN®, RESTASIS®, SAMSCA®, SAPHRIS®, Sensipar, Suprax® (400 mg tablet), Tarceva®, TRACLEER®, Tykerb®, ULORIC®, Velphoro®, and Zortress®.
- **Nascobal.** We will remove NASCOBAL® from our formulary.
- **Oral vancomycin.** We will move vancomycin capsules to tier four on our formulary.
- **Prior authorization.** We will add a prior authorization requirement for the following drugs: capecitabine, deferiasirox, Ferriprox®, FYCOMPA®, NUEDEXTA®, penicillamine, teriparatide, tobramycin (300 mg/5 ml inhalation), trientine, and VASCEPA®.

Cigna Total Savings

Egregiously priced drugs

The following changes focus on the removal of egregiously priced drugs.

- **Topical corticosteroids.** We will remove ApexiCon® E Cream, CORDRAN®, hydrocortisone butyrate lotion, and OLUX Foam from our formulary.
- **Other categories.** We will remove the following drugs from our formulary: butalbital/acetaminophen (50 – 300 mg tablet), CONDYLOX Gel, NOXAFIL (tablet), PreGenna, TaperDex (seven-day package), Trinaz, and XOLEGEL Gel.

Generic and over-the-counter (OTC) drugs

The following changes will help promote the use of generic and OTC drugs.

- **Albuterol inhalers (asthma).** We will remove all brand-name drugs and cover all available generics.
- **Dry eyes.** We will remove CEQUA, RESTASIS MultiDose, and Xiidra from our formulary.
- **Generics.** We will make Amicar, Kitabis Pak, Lotemax 0.5%, LYRICA, and Megace ES nonpreferred-brand drugs.
- **Glaucoma.** We will remove Travatan Z, XALATAN, XELPROS, and Zioptan from our formulary.

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- **Nasal steroids.** We will exclude BECONASE AQ, flunisolide, fluticasone propionate, mometasone furoate, NASONEX, OMNARIS, QNASL, QNASL (40 mcg), XHANCE, and Zetonna from coverage.
- **Oral contraceptives.** We will remove Balcoltra, Natazia, Slynd, and Taytulla, as well as an additional 17 multisource brand contraceptives, from our formulary.
- **Rosacea.** We will remove Finacea Foam, Finacea Gel, MetroCream, MetroGel, MetroLotion, and SOOLANTRA from our formulary. We will remove Rosadan kit from our formulary and exclude it from coverage.
- **Specialty multisource brands.** We will remove AMPYRA, BARACLUDGE, and Sensipar from our formulary.
- **Thyroid disorder.** We will remove ARMOUR THYROID, CYTOMEL®, SYNTHROID, TIROSINT®, and UNITHROID from our formulary.
- **Topical diclofenac (arthritis).** We will remove FLECTOR and Voltaren from our formulary.
- **Topical eye antihistamines.** We will exclude azelastine HCL, BEPREVE, epinastine HCL, LASTACAPT, Pazeo, and ZERVIAE from coverage.
- **Triptans (migraines).** We will remove Amerge, FROVA, MAXALT, MAXALT-MLT, and RELPAX from our formulary.

Low-cost therapeutic alternatives

The following changes will help promote the use of therapeutic alternatives.

- **Constipation.** We will remove LINZESS, Motegrity, Trulance, and Zelnorm from our formulary.
- **Cystic fibrosis.** We will remove KALYDECO®, ORKAMBI®, and SYMDEKO® from our formulary.
- **Diabetes (DPP4).** We will remove JANUMET®, JANUMET XR, and JANUVIA® from our formulary.
- **Glucose emergency kits.** We will remove GlucaGen HypoKit and Gvoke from our formulary.
- **HIV.** We will make Atripla®, Descovy, INTELENCE®, SELZENTRY, SYMTUZA, and Truvada nonpreferred-brand drugs.
- **Inflammatory.** We will remove HUMIRA®, ILUMYA™, Kevzara®, ORENCIA®, Otezla®, RINVOQ™, SKYRIZI™, Taltz®, and XELJANX from our formulary.
- **LABA and ICS inhalers.** We will remove ADVAIR HFA and BREO ELLIPTA from our formulary.
- **Medication-assisted treatment.** We will make BUNAVAIL a nonpreferred-brand drug.
- **Multiple sclerosis (Interferons).** We will remove AVONEX®, Extavia®, PLEGRIDY®, and Rebif® from our formulary.
- **Multiple sclerosis (oral).** We will remove Gilenya®, MAVENCLAD®, Mayzent®, TECFIDERA®, and ZEPOSIA® from our formulary.
- **Non-warfin oral anticoagulants.** We will add a prior authorization requirement for ELIQUIS, Pradaxa, SAVAYSA, and XARELTO.
- **Pancreatic enzymes.** We will remove CREON, PERTZYE, and ZENPEP from our formulary.

Other

Additional key changes are detailed below.

- **Multisource brands.** We will remove 27 brands from our formulary.
- **Oncology.** We will remove POMALYST® from our formulary.
- **Self-injectables.** We will exclude all pegfilgrastim self-injectable products from the medical benefit to require administration under the pharmacy benefit. We will prefer biosimilars over the pegfilgrastim innovator products Neulasta® and Neulasta Onpro®.

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** If a provider believes any of the products that will no longer be covered as preferred options are medically necessary, then Cigna will review requests for a medical necessity exception. Providers can submit requests for medical necessity review through their electronic health record or electronic medical record system or through CoverMyMeds® or Surescripts®.

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