



Beginning July 1, 2018, we will update our drug lists (formularies) to combat rising pharmaceutical costs and build upon our strategy to improve safe opioid use.

As part of Cigna's commitment to use targeted drug utilization to improve customer safety and position our pharmacy plans for long-term affordability, we regularly make changes to our prescription drug lists (formularies). In support of our low net cost formulary strategy, this process ensures that any decision to actively manage a specific drug within a drug class is both clinically appropriate and provides better overall value. Additionally, we believe we must proactively respond to the growing problem of opioid misuse.

To address these concerns, our July 2018 formulary strategy will focus on the following:

High-cost/low-value drugs

We will continue to remove from the formulary any drugs that are inappropriately priced compared to identical or near identical products, and instead include clinically appropriate, lower-cost alternatives.

- Drugs being removed: **Solaraze/diclofenac** 3% intended to manage precancerous skin lesions, but being used (off-label) to treat pain; **Mycobutin**, used to treat certain infections in HIV-infected patients.
- There are covered alternatives available for both conditions. If a customer and/or prescriber 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.

Lifestyle drugs – erectile dysfunction (ED)

We are modifying our management of this drug class as a result of the availability of a generic equivalent for Viagra as of December 2017. Clients who cover ED drugs are expected to see an approximate 30% (or \$0.25–\$0.30 PMPM) reduction in ED spend by mid-2018.¹

- In late 2017, approximately 26,000 Cigna customers were receiving coverage for Viagra¹
- Pharmacists will typically switch Viagra with the generic at point of sale
- As part of our strategy:
 - Viagra will move to non-preferred status on Cigna's formularies and the new, more affordable generic (sildenafil citrate) will be added to the generic tier
 - Some brand ED drugs (including Viagra) will be added to Step Therapy² promoting more affordable options, like generics, for clients who cover ED drugs and elected Cigna's utilization management (UM) programs

Quantity limits for certain drugs to manage cost and safety²

Cigna will implement a Maximum Daily Dose (MDD) on certain drugs to be consistent with labeling guidelines published by the drug manufacturer and U.S. Food and Drug Administration (FDA). Some drugs are used incorrectly, inappropriately, and/or are prescribed in doses higher than the MDD. These actions are designed to help promote safe drug use and savings.

- If a prescription is written for a quantity that exceeds the published MDD, the customer may experience a denial for the quantity requested at the pharmacy²
- **Types of drugs affected:**
 - Drugs used to treat stomach conditions (Proton Pump Inhibitors (PPIs))*

- Antidepressants – new prescriptions only, current customers will continue to have access to their prescriptions
 - Drugs used to treat heart and mental health conditions, e.g., Rozerem, simvastatin 80mg, diclofenac, Jentadueto
- *PPIs are excluded by some plans.*

Promote safer use of opioids

Over the last 18 months, Cigna has taken bold steps to help reduce the risks to customers associated with inappropriate opioid use. In July, we will apply three main clinical formulary strategies in an effort to further address this issue. These strategies focus on managing both the amount of opioid drugs available for coverage, as well as promoting a reduction in the likelihood of unintentional overdose from opioids utilized under plans.

1. Manage the use of two potent opioids (**Methadone and Fentanyl Patches**) through prior authorization (PA) and revise coverage criteria to promote safer drug use.³
2. Apply lower quantity limits on **new prescriptions for short-acting opioids** (from a 15-day to a 7-day supply).²
3. Use a **personalized dose calculation (called morphine milligram equivalents, or MME)** to monitor customers taking high levels of opioids and manage their opioid use. **Applies to ALL opioids and ALL clients.**

What is MME? MME is a calculation of the total daily dose of opioids for a customer (combination of amount/type of opioid, day supply and dose of each). MME is used to determine the overall narcotic potency the customer is consuming daily. This helps identify customers who may benefit from closer monitoring, tapering of opioids, prescribing of detox agents and/or other measures to reduce the risk of overdose.

- MME 90 –119: High daily dose
- MME 120 –199: Very high daily dose
- MME 200+: Extremely high daily dose
- **There will be specific customer, pharmacy and physician interaction when customers meet or exceed these thresholds. See customer and physician communications in the MME section below.**
- **There is also a document available that explains how MMEs are calculated – please call me if you want more information.**

Apply a flexible specialty drug strategy

We continue our disciplined specialty drug strategy which includes appropriate utilization management (UM).³ Because we administer medical and pharmacy benefits on an integrated basis, **we're able to encourage the use of the most affordable specialty drug options regardless of whether they're covered under the medical or pharmacy benefit.** Here are some of the changes in place for July 1st:

- Xgeva – PA criteria will promote the lower-cost agent, zoledronic acid, for skeletal related events in cancer (under the medical benefit).
 - Fusilev (levoleucovorin) – PA criteria will promote the lower-cost agent, leucovorin to treat chemotherapy side effects (under the medical benefit).
 - Targretin, Xeloda, Vesanoide, and Hycamtin – add to PA list for use during chemotherapy.
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What you should know about cost savings and disruption for the above changes:

- We expect the opioid strategy will allow Cigna to identify specific customers who may be at risk for inappropriate opioid use and take action to reduce the risk of an unintentional overdose. Formulary changes other than those affecting opioids, we expect will contribute to reduced claims cost in 2018 and beyond.⁴
- Overall, we expect less than 1% of our customer base will be affected depending on the formulary the plan uses.⁵

Customer communications

Customers impacted by the changes described in this letter will receive letters/emails 90-days and 60-days in advance of 7/1/18. As appropriate, the letter will suggest a covered drug alternative, and customers will be advised to talk to their doctor about potentially changing or adjusting prescriptions – or initiating a PA request to keep coverage for the drug they are taking. Reminder letters/emails will be sent to impacted customers after July.

Customer communications for those taking a high total daily dose of opioid(s) (MME)

- **90 – 119 MME:** Starting July 2018, customers and providers will receive a letter explaining that the customer is taking a high total daily dose of opioids and if the dose or quantity increases, or if additional opioids are submitted for coverage, the customer will need approval from Cigna to continue coverage.
- **120 – 199 MME:** In late March 2018, customers and providers will receive a letter explaining that the customer will require a PA as of July 1st. If the customer and provider do not take the necessary steps to complete PA criteria, Cigna will only approve coverage for the opioid(s) through September 30th. As of October 1st, approval from Cigna will be required for continued coverage.
 - New customers at 120-199 MME will require a PA starting in July 2018 – we will expedite coverage decision on these PA requests.
- **200+ MME:** We will extend coverage for customers already receiving coverage for opioid prescriptions into Q1 2019 in order to reduce the risk of potentially dangerous withdrawal situations.
 - During this time, Cigna case managers will attempt to contact these customers and their provider(s) and offer support services, including care coordination.
 - New customers at 200+ MME will require a PA starting in July 2018 – we will expedite coverage decision on these PA requests.

Health care professional communications

To build awareness and to help providers talk to patients, we will:

- Send a letter to affected providers outlining key July 2018 formulary changes
- Make a special outreach to prescribers of customers at a high MME (see above)
- Send doctors and embedded care coordinators, within Cigna Collaborative Care arrangements, patient-specific reports to streamline the formulary change process
- Post a list of the changes on our Provider Portal
- Include an article in our quarterly provider newsletter

During this time of rising drug costs, our priority is to maintain affordability for our clients and customers while offering clinically appropriate formularies. We will continue to explore and appropriately make enhancements to the formularies used by our clients' benefit plans.

1. Cigna 2017 National book of business study of savings calculated using data from employers with coverage for ED drugs – customers moving from brand to new generic ED drugs on formulary. Individual client results will vary.
2. For clients who elected Cigna's utilization management (UM) edits/packages.

3. For clients who elected Cigna's Specialty Rx utilization management (UM) edits/packages.
4. Savings may not always be achieved – actual savings will vary by client.
5. Cigna's national book of business estimate as of 7/1/18 of customers disrupted by **7/1/18** formulary changes.

State laws in Texas and Louisiana require health insurance plans to cover medications at the current benefit level until your plan renews. This means that if a medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, your plan cannot make these changes until your renewal date. To find out if these state laws apply to your plan, please call your Cigna representative.

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