

AN ACTIVE, DISCIPLINED APPROACH TO FORMULARY MANAGEMENT TO DRIVE BETTER PLAN AFFORDABILITY

Changes begin 7/1/19¹

Pharmacy costs are the number one driver of client expenses under both pharmacy and medical benefits.² And we expect this trend to continue. That's why helping our clients achieve optimal value for their pharmacy benefit spend is of the utmost importance. At the same time, we continue to focus on improving clinical outcomes (especially for those managing pain with opioids) and reducing the total cost of health care.

Here is a summary of the July 1, 2019 changes (unless otherwise noted)

1. High cost, low value drug removals

For the fourth year in a row, we will remove drugs from formularies¹ that:

- › Have low use and have experienced significant price inflation.
- › Are inappropriately priced compared to identical/near identical products.

Cigna uses a process to monitor egregious price practices. This includes weekly monitoring of branded drugs and generics, updated criteria that broadens our scope and faster response when prices escalate.

In addition to the 156 very highly priced drugs³ currently managed by Cigna formularies, we will remove **eight more starting July 1, 2019**.⁴ The drugs that will be removed have identical or near identical covered alternatives.

2. Opioid use management

To help protect customers, Cigna will place quantity limits on certain narcotics.

As per U.S. Food and Drug Administration (FDA) guidelines, **quantity limits** will apply to the following products:

- › **Buprenorphine** (patch products)
- › **Butorphanol** Tartrate
- › **Tramadol** HCL and Tramadol HCL ER
- › **Belbuca** (Additionally, Belbuca was added to the preferred brand tier on 2/1/19)

3. Improving health for those with chronic heart failure

- › **Entresto** Prior Authorization (PA) removed as of 11/15/18 in order to offer customers fast access to coverage of this heart failure drug.
- › Results of a Cigna study showed reduced hospitalizations during the period after starting on Entresto, and a corresponding net reduction in total medical cost for clients.²
- › This evidence, in conjunction with an assessment of the PA on Entresto where we determined that the vast majority of use was consistent with the PA criteria, led to the decision to remove the PA requirement.

4. Promote generic drugs when available

Some clients adopt Member Pay Difference logic to help manage utilization of branded drugs when generics are available. This means that if the provider does not indicate "Dispense As Written" (DAW) on the prescription, and the customer chooses a brand drug when a lower cost generic is available, the customer will pay a higher cost for choosing the brand.

Seven branded drugs will now be subject to this logic and penalty.

5. Diabetes – expanded coverage of therapeutic Continuous Glucose Monitors (CGMs)

Prior to 7/1/19, Cigna will administer coverage for two therapeutic **Continuous Glucose Monitor (CGM) sensors under the pharmacy benefit**. Prior authorizations and quantity limits apply.

- **Abbott Freestyle Libre** and **Dexcom G6®** are the only therapeutic CGMs currently on the market.
- Currently, coverage for CGM sensors is administered under the medical benefit. That will not change.
- However, if a customer chooses to use his or her pharmacy benefit to fill a therapeutic CGM sensor, both the customer and client will likely see cost savings.
- Customers may use any in-network retail pharmacy or Cigna Home Delivery PharmacySM to fill a therapeutic CGM sensor and receive coverage under their plan.

- Customers using a CGM sensor will be informed of the option to receive coverage under their pharmacy benefit and to fill at any in-network pharmacy.
- Associated CGM transmitter and reader/receiver components will be offered by the manufacturer at no cost (processed outside of the benefit plan).⁵

6. Enhanced customer choice, access and cost in several categories – especially those in anti-inflammatory drug class

Occurring in three waves (April 1st, May 1st and July 1st), Cigna will offer improved access to coverage for many drugs in several categories, including the anti-inflammatory drug class. **We are excited to offer customers more choices and reduced costs** for coverage of drugs used to manage hypertension, glaucoma, breast cancer, and mental health issues, as well as those used to treat different types of inflammatory disease.

Below is a list of drug classes and drugs that are moving to not-covered or non-preferred brand status, or will require approval for coverage on the [Advantage Formulary](#), beginning July 1, 2019.¹

DRUG CLASS	DRUGS NOT COVERED IN DRUG CLASS*	DRUG(S) COVERED IN DRUG CLASS
ALLERGY/NASAL SPRAYS	Ryvent, carbinoxamine 6mg	carbinoxamine 4mg
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg and 200mg
PAIN RELIEF AND INFLAMMATORY DISEASE	Allzital	butalbital-acetaminophen, butalbital-acetaminophen-caffeine, Fioricet, Phrenilin Forte, Tencon
	chlorzoxazone 250mg	metaxalone, methocarbamol
	fenoprofen 200mg, Fenortho	diclofenac, diclofenac ER, etodolac, etodolac ER, fenoprofen 400mg and 600mg, flurbiprofen, IBU, ibuprofen, indomethacin, indomethacin ER, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, Nalfon
	Indocin suspension	generic NSAID (e.g. indomethacin capsules)
	Onzetra Xsail	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, zolmitriptan ODT
SLEEP DISORDERS/SEDATIVES	Zolpimist	zolpidem, zolpidem ER, eszopiclone, zaleplon, Belsomra, Silenor

Generic drugs start with a lowercase letter and brand-name drugs start with a capital letter.

* There is a “medical necessity” review process in place for customers who have proven they have exhausted drug alternatives and would like to use a drug moving to not-covered status.

DRUG CLASS	NON-PREFERRED BRAND DRUGS	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS	Macrodantin 25mg ⁺⁺	nitrofurantoin 25mg
NUTRITIONAL/DIETARY	Vitatru ⁺⁺	Generic prenatal vitamin
TRANSPLANT MEDICATIONS	Prograf capsule ^{+,++}	tacrolimus ⁺
DRUG CLASS	DRUGS REQUIRING PRIOR AUTHORIZATION [^]	
GASTROINTESTINAL/HEARTBURN	Sucraid ^{^^}	
HORMONAL AGENTS	budesonide ER ^{^^}	
DRUG CLASS	DRUGS WITH A QUANTITY LIMIT [^]	
HORMONAL AGENTS	budesonide ER ^{^^} , Uceris ^{^^}	
PAIN RELIEF AND INFLAMMATORY DISEASE	Belbuca, buprenorphine patch, butorphanol spray, Butrans, tramadol, tramadol ER, Ultram	

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⁺ This is a specialty drug. Some plans cover these drugs on a specialty tier, may limit coverage to a 30-day supply and/or require the use of Cigna Specialty Pharmacy ServicesSM to receive coverage. For plans that cover these drugs on a specialty tier, this change will not affect the cost of the drug.

⁺⁺ If your plan has Member Pay Difference (MPD), the MPD penalty will apply to this drug as of 7/1/19. However, if your plan allows for Dispense as Written (DAW) and the doctor requests the brand, the penalty will not apply.

[^] These changes may not apply to your plan. Not all plans include requirements for prior authorization or quantity limits.

^{^^} Some customers currently have approval to receive coverage for this medication. For those customers, this change will not affect them until their authorization expires.



Please contact your Cigna account manager or service partner if you'd like to discuss these changes.



1. State laws in Texas and Louisiana may require your plan to cover these medications at the current benefit level until your plan renews. This means that if the medication is taken off the formulary, is moved to a higher cost-share tier or needs approval, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call your Cigna representative.
2. Cigna book of business national study 2017. Projection compares the following health care spend for medical service categories: Drugs and Biologics, Inpatient Facility, Outpatient Facility, Professional Services, Other Medical Services.
3. Number of drugs removed from Cigna's Standard formulary as of 1/1/19. Subject to change.
4. 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.
5. Cigna, while administering coverage for products described herein, is not responsible for the operation of the manufacturers' programs.

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